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COMMITTEE PRINT NO. 108

STUDY OF THE FEASIBILITY AND DESIRABILITY OF CONVERTING SELECTED HEALTH CARE OCCUPATIONS TO TITLE 38, UNITED STATES CODE

A REPORT

PREPARED BY THE

VETERANS' ADMINISTRATION

(Pursuant to Section 117) of Public Law 96–330

SUBMITTED TO THE

COMMITTEE ON VETERANS' AFFAIRS

OF THE

HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 1982

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SEPTEMBER 1 - 1982

Honorable G. V. (Sonny) Montgomery
Chairman
Committee on Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Sonny:

The purpose of this letter is to transmit the enclosed report of the "Study of Feasibility and Desirability of Converting Selected Health Care Occupations to Title 38." This report was prepared by a task force appointed by the Chief Medical Director in accordance with the provisions of Section 117 of the Veterans Administration Health-Care Amendments of 1980, Public Law 96-330.

The recommendations and views presented in the report do not necessarily constitute the views of either the VA or the Administration. We are currently in the process of discussing within the VA, and reviewing and coordinating within the Executive branch, the issues raised in the Task Force Report. I anticipate completing this process and forwarding the formal position of the Administration within the next several weeks.

Sincerely,

Everett Alvarez Jr

ROBERT P. NIMMO
Administrator

Deputy Administrator - In the absence of

Enclosure

STUDY OF FEASIBILITY AND DESIRABILITY
OF CONVERTING
SELECTED HEALTH CARE OCCUPATIONS
TO TITLE 38

DM&S REPORT

TO THE COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE
AND
HOUSE OF REPRESENTATIVES

IN CONFORMANCE WITH
P.L. 96-330, S. 117
AUGUST 1, 1982

MASTER TABLE OF CONTENTS

Page

TABLE OF CONTENTS i

EXHIBIT INDEX ii

PREFACE iii

EXECUTIVE SUMMARY 1

RECOMMENDATIONS 4

INTRODUCTION 7

FINDINGS & CONCLUSIONS 11

IMPLEMENTATION 24

EXHIBITS 26

EXHIBITS

PAGE

EXHIBIT A Scope of Recommendations of General Counsel 26

EXHIBIT B Survey Comments of Medical Center Directors and Chiefs of Staff 28

EXHIBIT C Survey Comments of Central Office Program Management Officials 55

EXHIBIT D Employee Questionnaire 59
Instructions
Comparison of Title 5 to Title 38
Data Analysis
Collated Results

EXHIBIT E Labor Organization Comments 85

EXHIBIT F Comments from Professional Organizations and Educational Institutions 98

EXHIBIT G Summaries of VACO and Medical Center Vacancy Rate Indicators and Recruitment Difficulty Reports 128

EXHIBIT H Distribution of Special Pay Rates for Selected Occupations 142

EXHIBIT I Review of Prior Occupational Conversions From Title 5 to Title 38 154

EXHIBIT J Review of Office of Personnel Management Support Functions 157

EXHIBIT K Assessment of Future Trends in Health Care Delivery 162

EXHIBIT L Assessment and Conversion of Title 5 Versus Title 38 as a System for Employing Health Care Professionals 171

EXHIBIT M Review of Prior Recruitment and Retention Studies 215

EXHIBIT N Previous Legislation Which Impacts on This Study 236

EXHIBIT O Cost Estimate of Conversion to Title 38 238

EXHIBIT P Cost of Current Special Rates Authorized by OPM and Use of Section 112 Authority From P.L. 96-330 247

PAGE

EXHIBIT Q Cost Estimates for Establishment of a VA Special Examining Unit 255

EXHIBIT R Total Cost of All Recommended Actions 260

EXHIBIT S Schematic Illustractions of Recommendations For Various Occupations 262

EXHIBIT T Task Force Decision-Making Methodology 264

EXHIBIT U Assessment of Impact of Conversion on the Integrity of Title 38 272

EXHIBIT V Section 117, P.L. 96-330 - Study of Personnel Needs of Veterans Administration Health-Care System 274

EXHIBIT W References 276

EXHIBIT X Task Force Names and Areas of Specialty 279

PREFACE

The report which follows is the most comprehensive analysis of health care occupations within the Department of Medicine and Surgery (DM&S) since the 1974 VA Report to Congress titled "The Level of Quality of Patient Care."

A health care system with over three hundred separate occupational categories which care for veteran patients provides a considerable challenge to any group which attempts to scientifically measure a sociologic and economic phenomenon. The challenge was taken, however, to answer the mandate of Congress in the VA Health-Care Personnel Act of 1980. This law calls for the Administrator of Veterans Affairs to provide a new and accurate estimate of the degree and extent of major issues which affect VA recruitment and retention of health-care personnel.

The findings and conclusions of the Department of Medicine and Surgery represent a conservative estimate of the need for the modification of personnel management practices within DM&S. Further, the recommended method of implementing the two-phase VA plan includes an adequate time period to evaluate the effectiveness of changes in the appointment process and the impact of alterations in pay structure. Estimates are included in this report for occupations converted to Title 38, and for those retained in Title 5 with an improved appointment and pay process.

The continued concern of the Veterans' Affairs Committees to improve the status of VA health care personnel has been addressed in this report. It also discusses the massive growth of computerized technology within the Veterans Administration in the past five years to provide improved care to veteran patients. This advanced technology in health care necessitates an equal advance in the skills and training of VA Medical Center personnel.

Finally, this report discusses the impact of the VA's recommendations on the preservation of the uniqueness of the Title 38 personnel administration system. We seek to provide a consonant body of new knowledge and growth of professionalism within the Nation's largest health care system while retaining its significance in assuring quality of patient care. This was the intent of the first leaders of the Department of Medicine and Surgery who designed the system in 1946.

SEC. 117, P.L. 96-330

STUDY OF FEASIBILITY AND DESIRABILITY OF CONVERTING SELECTED GS HEALTH CARE OCCUPATIONS TO TITLE 38

EXECUTIVE SUMMARY

P.L. 96-330 mandated that the Department of Medicine and Surgery (DM&S) conduct a formal study on the feasibility and desirability of converting categories of Title 5 employees involved in the provision of health care to Title 38. The Title 5 employment system is administered by the Office of Personnel Management under competitive principles. Title 38 is the excepted employment system for health care professionals administered by the VA.

An earlier Senate version of the legislation, subsequently enacted as P.L. 96-330, mandated the conversion of Licensed Practical/Licensed Vocational Nurses to Title 38. The final version, however, required under Section 117 that the Administrator of Veterans Affairs study and report which, if any, health care occupations in the Department of Medicine and Surgery should be converted to Title 38 in order to improve patient care, alleviate recruitment and retention problems and improve employee morale.

For any occupation not recommended for conversion, a second recommendation was required; i.e., whether or not employees of the occupation should receive premium pay on the same basis as Title 38 registered nurses, or continue under Title 5 Premium Pay Entitlements applicable to General Schedule employees.

The primary function of the Task Force appointed by the Chief Medical Director was to determine which categories of Title 5 personnel should be studied to evaluate the need for (and the impact on the personnel needs of the DM&S) conversion to Title 38, and to report its recommendations consistent with the requirements of Section 117 of P.L. 96-330.

Representatives on the Task Force from the Office of General Counsel and the Office of the Assistant Deputy Administrator for Personnel and Labor Relations provided technical advice, guidance and coordination for concurrence of the final Task Force report in their respective offices. The guidance of the Labor-Management and Employee Relations Service was sought in coordinating appropriate recommendations with recognized Labor-Management Organizations representing employees affected by recommended policy changes. The Chairman contacted numerous consumer groups, including professional organizations and educational institutions, that may have an interest in the effect of P.L. 96-330 on particular occupational groups or categories of positions or who wished to provide suggestions concerning specific provisions of the law.

A study was designed by the Task Force to summarize the reasons why each included occupation should be studied, such as difficulties in recruitment, difficulties in retention, morale problems, or the need to improve the quality of health care to veteran patients.

It was intended to demonstrate that, where recommended, the conversion of an occupation to Title 38 should correct the identified problems in recruiting and retaining adequate numbers of well-trained representatives of that occupation in the VA system. Types of evidence utilized were:

- Testimonial data from VA management, VA staff, professional associations and educational institutions, and;
- Results of previous studies which demonstrated:
  - proof of deficiencies in recruitment and/or retention of specific categories of health care employees;
  - hypotheses as to the reason for these deficiencies with supportive data for the hypotheses;
  - specific recommendations for changes in the personnel procedures which govern individual occupations from those of Title 5 to Title 38, with data supportive of the recommended changes;
  - long-range projections on the future involvement of the occupations in VA health care programs.

A segment of the report is devoted to the occupational categories studied and includes the following items:

- The reasons why the occupation was selected for study;
- The results of the investigations;
- The recommended changes in the personnel regulations covering the occupations and the reasons for each change.

Furthermore, the report provides new information for both Veterans Affairs Committees, as follows:

- Clear evidence of long-term difficulties in recruitment and/or retention of occupations through use of VA statistics, past and present;
- Vacancy rates, budgeted but unfilled positions in the occupations included in the study, management testimony from 172 Medical Centers and employee testimony on their preferences for improved conditions of employment;
- Significant testimonial evidence of morale problems or other "intangibles" that reduce the performance of occupations in the VA system included under the Title 5 personnel system which can be resolved by its conversion to Title 38.
- Verification from program officials in Central Office and review of the pertinent literature that future VA requirements for existing occupational groups will be significantly greater than at present;
- Comments on the impact of conversion of occupations to Title 38 by appropriate advisory groups in VA Central Office (Pay Administration, Resources) and, professional associations, and educational institutions.

The report also provides a prediction of the systemwide financial impact if additional recommended changes are implemented for selected occupations not converted to Title 38.

Finally, a series of recommendations is made on the future personnel policies governing each of the occupational categories included in the study, including projected future administrative and personnel administration impact on the VA system, specifically the development of new professional standards boards, a VA Special Examining Unit and substitution of one category of personnel for another.

RECOMMENDATIONS*

The recommended actions as a result of this study are listed below:*

RECOMMENDATION I:

The VA recommends that Legislative consideration be given to converting the following occupations from Title 5 to Title 38:

- Licensed Practical Nurses/Licensed Vocational Nurses
- Physical Therapists
- Respiratory Therapists (Certified & Registered)

The cost of this conversion is estimated to be $12,153,145. (See Table, page 6, Recommendation I, and Appendix - Exhibits O, L & R.)

RECOMMENDATION II:

The VA will issue implementing regulations to utilize Section 112 of P.L. 96-330 to establish and approve competitive salary rates for six health care occupations in areas in which they are necessary to recruit and retain qualified candidates. The occupations are those named in Recommendation II, Table 1, page 6. The cost is estimated at $6,479,910 (Appendix - Exhibit P).

RECOMMENDATION III:

The VA will negotiate delegations of authority to examine and certify candidates with the Office of Personnel Management, and establish a Special Examining Unit within the Veterans Administration to provide quality candidates in a timely manner. The cost estimate for implementation of this unit is $652,923 (Appendix - Exhibit Q). The six occupations to be covered are designated in Recommendation III, Table 1, page 6.

RECOMMENDATION IV:

The VA will utilize a combined approach of several of the above methods, and utilize the flexibilities of Section 112 to increase basic pay rates for a group of ten occupations that has need for this in various geographic locations. It will also attempt to negotiate some delegations of examining authority with the Office of Personnel Management on a local basis. Finally, it will request legislative consideration to pay these occupations premium pay on the same basis as Title 38 Registered Nurses. The occupations to be covered by this recommendation are listed as Recommendation IV, page 6, Table 1. The estimated cost is included in the estimate for Recommendation II above. This group and Recommendation group II both receive special pay, estimated at $6,348,465.

RECOMMENDATION V:

The conversion of three occupations to Title 38 and the utilization of Section 112, premium pay benefits, and the delegated examining authority for twenty-two Title 5 occupations should be implemented and evaluated after one year. Appropriate further action, e.g., converting additional occupations to Title 38 or increasing the use of Section 112, can be initiated once the initial effectiveness of these steps has been measured and evaluated to determine if any or all of the above recommendations have improved recruitment, retention, quality of care and morale. There is no additional cost estimated for this recommendation.

* Concise Summary in Table 1, page 6 of this section.

IMPLEMENTATION METHODS FOR PROPOSALS TO IMPLEMENT AND OBSERVE THE EFFECTS OF THE FIVE APPROACHES: THE TASK FORCE REPORT TO CONGRESS RECOMMENDS A TWO PHASE PLAN

PHASE I:

STEP 1: Immediate conversion to Title 38 for those three occupations which show an overwhelming need for conversion, as demonstrated by severe difficulties with both pay and competitive service issues.

STEP 2: Implement Section 112*, of P.L. 96-330 to increase basic pay (which is the primary cause for difficulty in recruitment and retention for most jobs studied) establish premium pay and establish VA Special Examining Unit for twenty-two occupations.

STEP 3: Observe and evaluate operation of both actions for 6-12 months.

PHASE II:

STEP 1: Report on usefulness of Title 38 conversions. Determine if conversions were cost-effective, if they remedied recruitment and retention problems, and were well accepted by employee groups.

STEP 2: Report on usefulness of Section 112 and premium pay (P.L. 96-330) to determine if recruitment and retention problems are remedied by improved salary structures.

STEP 3: Report on usefulness of VA Special Examining Unit to determine if VA control improves ability of Medical Centers to recruit candidates in a more timely fashion.

STEP 4: Convert other critical health care occupations to Title 38, which do not show improved recruitment and/or retention after Sec. 112 and premium pay are implemented.

*NOTE: Benefits of implementation of Section 112:

This action is seen as the most immediate and helpful to the Medical Center Directors, since it will allow them to compete with higher salary scales for selected occupations in private sector hospitals in the same community. This, of course, is dependent on the availability of funds in the Medical Center to increase the salaries. There is no money appropriated for the implementation of Section 112 of P.L. 96-330 as of the time of submission of this report to Congress (August 1982). This will require no new legislation, since the authority has already been given to the Administrator to grant basic salary increases to general schedule employees. Section 112, as it pertains to Title 5 employees, is now in the process of being implemented.

Table 1

SUMMARY OF DM&S PROPOSALS AND RECOMMENDATIONS TO IMPROVE PERSONNEL MANAGEMENT PRACTICES FOR CRITICAL HEALTH CARE OCCUPATIONS

Problem Area	Problem Area	Problem Area	Problem Area	Problem Area	Problem Area
Severe Pay	Pay (basic)	Appointment	Some Pay, less severe	Evaluation of effectiveness of all proposals	No nationally significant problems in areas of pay or appointment
Severe Appointment			Some Appointment, less severe		
Recommendation I	**Recommendation II**	**Recommendation III**	**Recommendation IV**	**Recommendation V**	**Recommendation VI**
Convert to Title 38	Implement Section 112 to increase basic pay	VA assume responsibility for competitive recruitment with a Special Examining Unit within DM&S	1) Implement Section 112 to increase basic pay 2) VA eventually assume responsibility for competitive recruitment 3) Implement premium pay on same basis as nurses	1. Measure and evaluate each proposal's effectiveness after implementation to increase recruitment and/or retention	No change
LPN/LVN	Heart-Lung Machine Technician	Clinical Pharmacist	Echocardiograph Technician	2. Report to Congress on effectiveness	Health Physicist
Physical Therapist	Health Technician Ophthalmology	Clinical Dietician	Health Technician (Ultrasound)	3. Convert additional occupations to Title 38, use Section 112 and or Special Examining Unit Authority if indicated	Inhalation Therapist (non-certified, non-registered)
Respiratory Therapist (certified & registered)	Cardiac Catherization	Social Worker	Therapeutic/Diagnostic Radiology Technologist		Orthopedic Technician
	Orthotist/Prosthetic	Psychologist	Nuclear Medicine Technician		Nursing Assistant
	Hemodialysis Technician (*)	Occupational Therapist	Clinical Microbiologist		Chaplain
	Dental Hygentist(*)	Audiology/Speech Pathologist	Medical/Cytology Technologist		Blind Rehabilitation Technician
			Clinical Chemist		Rehabilitation Technician
					Biological Laboratory Technician
					Medical Laboratory Technician/Aide
					Prosthetic Representative
					Restoration Technician
					Non-Clinical Pharmacis
					Non-Clinical Dietician
					Dietetic Assistant

(*) also recommended for premium pay on same basis as Title 38 nurses

INTRODUCTION

Public Law 96-330 mandated that the Department of Medicine and Surgery conduct a formal study on the feasibility and desirability of converting categories of Title 5 employees involved in the provision of health care to Title 38.

An earlier Senate version of the Legislation eventually enacted as Public Law 96-330 mandated the conversion of Licensed Practical Nurses and Licensed Vocational Nurses from Title 5 to Title 38. The final version, however, required the Administrator to conduct a study and report which, if any, occupations should be converted to Title 38 in order to improve patient care, alleviate recruitment and retention problems, and improve employee morale.

The Chief Medical Director appointed a Task Force which represented patient care and patient care-related programs in the Department of Medicine and Surgery. The Task Force was assisted by representatives from General Counsel and Office of the Assistant Deputy Administrator for Personnel to insure that all substantive areas were explored and addressed. (Appendix - Exhibit X)

The Task Force designed a study that identified those occupations critically needed in VA Medical Centers to provide optimal levels of patient care, developed a data base obtained from employment statistics, departmental program managers, Medical Center Directors, Chiefs of Staff, employees, labor organizations, educational institutions and professional organizations, and formulated recommendations to convert certain occupations to Title 38 and recommended constructive steps to improve the situation of occupations found better suited to remain in Title 5. (Appendix - Exhibit T)

THE CONDUCT OF THE STUDY

The Task Force investigated the following study areas to determine which health care occupations should be converted to Title 38 and what constructive actions could be taken for those occupations not recommended for conversion.

The advice of General Counsel on the scope and purpose of the legislation can be found in Exhibit A.

SURVEY OF MEDICAL CENTER DIRECTORS AND CHIEFS OF STAFF

Medical Center Directors and Chiefs of Staff were solicited to obtain their views on what occupations present difficulties to them in managing the delivery of health care, and to obtain their recommendations as to what steps could be taken to alleviate those difficulties.

Copies of their responses are exhibited in the Appendix as Exhibit B.

SURVEY OF CENTRAL OFFICE PROGRAM MANAGEMENT OFFICIALS

Comments on factors affecting quality of care, employee morale, and recruitment and retention were solicited from the Assistant Chief Medical Directors and professional service chiefs in VA Central Office in order to obtain a nation-wide perspective on various occupations not available from individual Medical Center Directors and Chiefs of Staff.

Copies of the responses are exhibited in the Appendix as Exhibit C.

SURVEY OF EMPLOYEES IN HEALTH CARE OCCUPATIONS

A questionnaire was distributed to approximately 22,000 employees in 37 health care occupations in all VA Medical Centers and Outpatient Clinics to ascertain employee views on possible conversion to Title 38.

Copies of the employee questionnaire, instructions, information package on the comparison of Title 5 versus Title 38, methods of statistical analysis, and collated results are attached in the Appendix as Exhibit D.

SURVEY OF LABOR ORGANIZATIONS

Three Labor Organizations having national consultation rights with the Veterans Administration were informed of the nature and purpose of this study and asked to provide comments on such conversion from their perspective.

The comments are attached to the Appendix as Exhibit E.

SURVEY OF PROFESSIONAL ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS

The Task Force contacted those professional organizations representing health care delivery occupations and solicited their views on the possible conversion to Title 38. It also contacted educational institutions having training programs preparing individuals for the occupations under study and asked for comment on the impact of conversion.

Comments from these institutions are attached to the Appendix as Exhibit F.

SURVEY OF VACANCIES AND RECRUITMENT DIFFICULTY

A review was made of various DM&S statistical reports on vacant positions to aid in identification of nation-wide recruitment and retention difficulties with health care occupations. Medical Center Directors and Chiefs of Staff were also requested to identify occupations for which they experienced difficulty in either recruiting or retaining qualified personnel.

Summaries of VACO and Medical Center reports are attached to the Appendix as Exhibit G.

SURVEY OF SPECIAL PAY RATES

A listing of all health care related occupations receiving special pay rates as a recruitment incentive, approved by the Office of Personnel Management, was compiled to determine the extent to which non-competitive pay is an identifiable problem.

This information is attached to the Appendix as Exhibit H.

REVIEW OF PRIOR CONVERSIONS TO TITLE 38

The occupations of Physician's Assistant, Extended Function Dental Assistant, Optometrist and Podiatrist were converted from Title 5 to Title 38 by Congressional Action in 1976. The Task Force reviewed the effect of these conversions on recruitment, pay and quality of candidates available to VA Medical Centers.

A copy of this information is attached to the Appendix as Exhibit I.

REVIEW OF OFFICE OF PERSONNEL MANAGEMENT SUPPORT FUNCTIONS

A review was made of a 1977 Veterans Administration Study on the timeliness of OPM staffing support. A detailed survey in October 1981 for VA Medical Center Management Officials determined their perception of OPM support in the areas of: (a) timely certification of eligibles; (b) timely review of requests for special pay rates; and (c) quality of eligibles certified.

This information appears in the Appendix in Exhibits J, B & M.

ASSESSMENT OF FUTURE TRENDS IN HEALTH CARE DELIVERY

An effort was made to develop a conceptual model of the health care delivery system and to categorize occupations by the primary focus and character of their contribution to patient care. Current trends in the evolution of the health care delivery system were extrapolated into the future, and the impact of these changes on the future staffing needs of VA Medical Centers was considered in making recommendations for conversion.

This data is attached to the Appendix as Exhibit K.

ASSESSMENT AND COMPARISON OF TITLE 5 VERSUS TITLE 38 AS A SYSTEM FOR EMPLOYING HEALTH CARE PROFESSIONALS

An assessment and comparison between Title 5 and Title 38 pay systems was made for terms of appointment, pay, leave, and other conditions of employment for health care professionals. This information was used as a basis for determining if a conversion to Title 38 will alleviate the specific problems of those occupations identified as having severe recruitment and retention problems.

A copy of this comparison is attached to the Appendix as Exhibit L.

REVIEW OF PRIOR RECRUITMENT AND RETENTION STUDIES

A review was made of prior recruitment and retention studies performed by the Veterans Administration and other agencies, including the Office of Personnel Management and General Accounting Office, to determine prior impediments to recruitment and retention for health care occupations in the Veterans Administration, and to assess the effectiveness of any recommendations emanating from those reports.

A discussion of these reports can be found in the Appendix as Exhibit M.

REVIEW OF PREVIOUS LEGISLATION WHICH IMPACTS ON THIS STUDY

The Civil Service Reform Act of 1978 was reviewed to determine the extent to which it affects the improvement of personnel management practices within the Veterans Administration.

This review can be found in Exhibit N in the Appendix.

ESTIMATED COST OF CONVERSION OF OCCUPATIONS TO TITLE 38

The total cost of conversion of three occupations from Title 5 to Title 38 was estimated at approximately 12.2 million dollars. Although an appreciable amount, the Agency felt it was reasonable in terms of its impact on patient care and the inestimable costs of not taking corrective action. (See Exhibit O)

ESTIMATED COSTS FOR OCCUPATIONS RETAINED IN TITLE 5 WITH IMPROVED BENEFITS

The additional costs for other occupations selected to remain in Title 5, with special considerations such as premium pay and improved basic pay (use of Section 112 authority (P.L. 96-330)) is estimated at $6,479,910. (See Exhibits P & R).

The current special rates for some of these occupations, as authorized by OPM as a recruitment incentive in certain geographic locations, now costs $6,348,465 per annum. (See Exhibits P, R & H)

The cost of proposed VA special examining unit for examination of registers for selected critical health care occupations is $652,923. (See Exhibit Q)

The total estimated cost of improved benefits of employment for all of the above critical health care occupations selected to remain in Title 5 is $13,481,298. (See Exhibit R)

FINDINGS AND CONCLUSIONS

GENERAL CHARACTERIZATION OF FINDINGS:

The Task Force obtained, generated and analyzed a tremendous volume of facts, statistics and information concerning the possible conversion of certain health care occupations from Title 5 to Title 38. It developed this data base through very extensive research and survey methods which included contact with thousands of employees, managers, professional groups and other organizations. Given the broad spectrum of viewpoints, interests and perspectives represented in this sample, the Task Force did not expect a clear unanimity of opinion that would directly point out the best decisions to be made regarding conversion, and no such consensus emerged. The data represented a fertile matrix for the use of analysis and independent judgement by the Task Force, which tried to identify general trends and patterns from the information available. The Task Force made judgements as to the relative worth of the various data bases, and weighted their impact accordingly. Overall, the conclusions and recommendations reached represent the logical conclusions to be drawn from the aggregate study.

SPECIFIC FINDINGS:

o Medical Center Directors and Chiefs of Staff indicated overwhelmingly that they were experiencing recruitment and retention difficulties that significantly impaired their ability to deliver high quality patient care on an uninterrupted basis. The occupations they identified as being difficult to recruit and retain encompassed the majority of health care occupations when reviewed on a nationwide basis; however, certain occupations such as Licensed Practical Nurses and Physical Therapists were identified as problems at a large percentage of all facilities. These management officials indicated that the non-competitiveness of Federal salary rates was the major handicap to their recruitment efforts, but also indicated that the time-consuming competitive appointment process was nearly as detrimental as the low levels of pay. They further indicated that the marginal quality and qualifications of some candidates referred to them by the competitive examining process was a source of concern, as was the lack of an ability to compete with community compensation practices on premium pay, weekend differential, and on-call pay.

The consensus of these managers was that the flexibilities inherent in Title 38 would be useful in improving recruitment and retention. They felt that conversion should be limited to occupations experiencing difficulties within the Title 5 procedures, and supported the idea, for some occupations, that a partial conversion would convey Title 38 privileges to the extent that they were needed.

The Task Force placed great emphasis on the opinions and recommendations of these line managers. It felt that their combined administrative and managerial expertise, their proximity to the point of patient care, and their familiarity with the actual operation of both the Title 5 and Title 38 personnel systems at the Medical Center level made this the best resource for the Task Force. The Task Force eventually incorporated their dual concerns about pay levels and competitive process problems into the decision structure for its recommendations.

- VA Central Office program and management officials were somewhat more conservative than Medical Center Directors and Chiefs of Staff. Although they recognized the advantages inherent in Title 38 for the recruitment and management of health care professionals, they expressed concern that the loss of outside remuneration would adversely affect many individuals. They also indicated that any conversion should be small in scope, and should be thoroughly reviewed as to effectiveness before additional occupations be converted.

- The majority of employees who responded to the survey selected Title 38 over Title 5 as the best overall system for appointing and retaining employees, maintaining employee morale, and for promoting the quality of care delivered. More careful analysis of employee viewpoints, however, indicates that most employees would prefer a hybrid system incorporating what they perceive as the best features of both systems. Basically employees prefer Title 38 for appointment, pay and advancement, and prefer Title 5 for employee relations, discipline, adverse action and other benefits, such as outside remuneration.

  The employees surveyed exhibited concern over the Title 38 restrictions on outside remuneration. This would be difficult for some specific occupations to deal with, e.g., psychologists, in which over 50% of VA's employees participate in outside professional activities. Moreover, this restriction would have adverse effects on a number of the lower paid, technician level occupations in which an appreciable percentage of employees are required by their economic circumstances to hold second jobs. It was the opinion of the Task Force that the more competitive pay practices under Title 38 would reduce the impact of the restriction on outside remuneration, but that this is a major issue that would have to be weighed and considered in making recommendations.

- Labor organizations surveyed were basically very conservative on the merits of converting occupations to Title 38. The primary area of concern involved the loss of job protection procedures under Title 5, including appeals to the Merit System Protection Board. As noted above, employees shared this concern, and the Task Force was aware that retention of Title 5 protections under a partial conversion was a possibility. This reservation on the part of labor organizations was not perceived as an insurmountable obstacle in achieving support for conversion to Title 38.

  The labor organizations also expressed concern over the Title 38 restrictions on outside remuneration, which might work a financial hardship upon their members. Again, this same reservation was expressed by employees. The Task Force felt that paying employees at more competitive rates would somewhat reduce the necessity for outside employment and would make the employees more effective within their VA assignments.

- Professional organizations and educational institutes replying to the survey were supportive of conversion to Title 38. The universally expressed sentiment was that such a conversion would enhance the professional standing of occupational members and improve their status and prestige. This perception might be helpful to enhance the image of the VA as an employer. However, the majority of these groups did not have a substantive grasp of the full range of personnel policies implicated by such a conversion, and this fact was reflected in the general nature of their recommendations.

- The Task Force assessed vacancy rates, turnover rates and statistics on budgeted but unfilled jobs for various occupations as indicators of difficulty in recruitment and retention in Medical Centers. Medical Center management was surveyed to determine which occupations had significant numbers of vacancies, which had high turnover rates and which had prolonged periods of recruitment for replacements. The Task Force utilized the outcome of this survey as one measure to determine the degree of recruitment and retention problems. The Task Force also surveyed the Directors to determine the competitiveness of VA salaries in individual occupations in their local labor market to determine if salaries were causing or aggravating recruitment and retention problems. In addition, the Task Force reviewed vacancies actually reported by Medical Centers. The Task Force exercised caution in evaluating this data and formulating recommendations based upon it. It recognized that it could not measure turnover sufficiently well, and that an occupation that had a relatively low vacancy rate of 5% or less might have a very high turnover rate that kept the quality of care at a sub-optimal level. The survey did not precisely identify some problem areas because a chronic inability to recruit had caused some Medical Centers to withdraw budgeted positions from some occupations and give them to others which could utilize them more successfully. An example of this would be a Medical Center that had an original ceiling of 60 LPN's identified as being necessary. Through experience, the Medical Center realizes it cannot actually recruit above 50 LPN's and reduces its ceiling accordingly. It then allocates the 10 positions to Nursing Assistants to continue to provide patient care. Such a facility would show no vacancies for LPN's, but could immediately accommodate up to 10 more if they became available.

  Finally, the Task Force was cognizant of the fact that the condition of the local labor market is a major factor in the determination of a vacancy rate, and that conversion to Title 38 would do nothing to remedy such a lack of qualified personnel. Recruitment and retention problems covered a broad range of situations, as demonstrated in Figure 1 of Appendix G. The percentage of Medical Centers reporting occupations which are difficult to recruit or retain ranged from a high of 100% for Heart-Lung Machine Technicians to a low of approximately 26% for Microbiologists. For the occupations recommended for conversion to Title 38, the percentages were: Physical Therapist, 76%; Licensed Practical Nurses, 72%; and Respiratory Therapist (Inhalation Therapy Technician) 55%.

- The Task Force reviewed the existence of special salary rates for recruitment approved by OPM under 5 USC 5303 as one measure of the competitiveness of VA salaries. It found that approximately twenty occupations had been approved for such rates. Excluding the worldwide special rates designation for Veterinarians, the number of geographical locations ranged from a high of twenty for Licensed Practical Nurses to a low of one for Echocardiograph Technicians. Physical Therapists had special rates approved in nine areas and Respiratory Therapists (Inhalation Therapy Technician) in seven. The Task Force was aware that some VA Medical Centers had requests pending for special rates under review by OPM.

- The Task Force reviewed prior conversions of occupations from Title 5 to Title 38 as well as prior recruitment studies performed by other Federal Agencies and outside interest groups. The review of the prior conversions indicated that conversion to Title 38 did have a positive effect on the recruitment and retention of the occupation. As an example, in the two years following conversion to Title 38, the number of Optometrists on the rolls increased nearly seven-fold, the average number of years of graduate education had doubled from four years to eight years, the frequency of Board Certification and Academy Status had increased, and the incidence of part-time status decreased. The review of the prior staffing studies showed the chronic nature of some of these shortages, particularly for Licensed Practical Nurses and Physical Therapists.

- The Task Force also reviewed the nature of the VA's relationships with the Office of Personnel Management. It determined that although the VA had solid working relationships with OPM, and that although OPM made every effort to be responsive to VA's needs, the nature of the competitive examining process had some deficient aspects for the recruitment of health care personnel needed by the VA on an expedited basis. The Task Force viewed the difficulties which surfaced as being primarily related to the application process, the evaluation of applicants process, and the approval of special rates for recruitment process. It viewed all of these processes as areas for improvement through existing lines of communication. The Task Force recommended that the VA become more fully involved in the examining process and take more responsibility for the timeliness of certification and the quality of applicants referred. It proposed that the VA negotiate with OPM for Special Examining Units for health care occupations in selected locations in which this is possible and recommended the increased use of VA professionals as subject matter experts. It further recommended the establishment of a national VA Special Examining Unit under OPM supervision to simplify application procedures for higher level health care occupations such as Psychologists. The Task Force also recommended that VA cooperate more completely with OPM by insuring that requests for special rates are better justified and more completely documented. It emphatically recommended that VA begin to implement Section 112 of Public Law 96-330 to improve basic salaries in selected occupations. These actions become particularly important in view of the Task Force projection that the number of allied health care personnel involved in the delivery of patient care will continue to increase at a rapid rate, and that competition for these individuals will continue to be fierce, as private sector hospitals pass along the costs of higher salaries to consumers and insurors.

- The Task Force developed a comprehensive comparison of the Title 5 and Title 38 personnel systems in order to make reasonable determinations as to whether or not conversion would be effective, and if so, for which occupations. The Task Force found the basic differences to be as follows:

APPOINTMENT: Title 5 requires employees to apply to the OPM and be ranked competitively by individuals who are primarily personnelists. The selecting official is bound by the various restrictions in interviewing and selecting, and employees are appointed at the first step of the grade at which they qualify. Under Title 38, applicants apply directly to the VA Medical Center, are reviewed by a board of their peers, and may be rapidly appointed at a salary commensurate with their qualifications by a selecting official who has complete discretion of choice. Title 38 appears to be a more effective system in a situation in which competition is high. It is also more advantageous in appointing experienced candidates who can contribute to patient care at a higher level and who are making more than the entry level rates offered under Title 5, because of their better qualifications.

PAY: Under Title 5, special salary rates must be approved by OPM, which must utilize criteria set forth in 5 USC 5303 which does not always address the competitive labor market and staffing needs for health care providers. Under Title 38, the VA can approve special pay rates when the non-competitiveness of salary for an occupation becomes a factor in the ability to recruit and retain employees. Title 38 is clearly advantageous for those occupations in which private sector salaries are higher than Federal salaries. Generally, overtime and premium pay are considered more attractive under Title 38.

HOURS OF DUTY: Basically the same under either system.

LEAVE: Leave benefits are more generous under Title 38. All nurses, physician's assistants and expanded function dental auxiliaries in Title 38 receive 26 days of annual leave per year; Title 5 begins at 13 days per year and requires 15 years of service to reach 26 days. The amount of leave which may be carried over is almost three times as great under Title 38. As Title 5 leave benefits are generally comparable to private sector practices, no strong argument can be made for adopting Title 38 leave practices to improve recruitment and retention.

FRINGE BENEFITS: Retirement coverage, health benefits, life insurance, malpractice coverage, worker's compensation and other benefits are basically the same under both systems.

OUTSIDE REMUNERATION: Title 5 does not preclude any outside employment activities as long as they do not infringe on the performance of VA duties or reflect an actual or perceived conflict of interest. Title 38 has a number of limitations on outside professional activities. Patient care is generally prohibited, but other types of activities, such as teaching and consultation, can be approved by management provided established criteria are met.

PERFORMANCE EVALUATION: Title 5 performance evaluations are usually assigned as of a pre-established date each year based on written performance requirements. The ratings are grievable. Under Title 38, employees receive an annual proficiency rating on the anniversary of employment. Proficiency may be or become grievable under negotiated agreements.

DISCIPLINARY ACTION: Under Title 5, employees who are removed, reduced in grade or pay, or suspended for 14 calendar days or more can appeal the decision to the Merit System Protection Board, an independent agency. The employee is entitled to a hearing with representation by counsel or other person. If the employee is covered by a union contract so providing, the employee has the option of appealing through negotiated grievance procedure (arbitration). The decision by the Merit System Protection Board or arbitrator is final. Under Title 38, employees are given an opportunity to make a written statement and appear before a disciplinary board of peers, appointed by VA Central Office. The employee may be represented by counsel or another person. The Chief Medical Director acts on the recommendation of the Disciplinary Board. If the action is more severe than a reprimand, the action may be appealed to the Administrator, whose decision is final. Employees who are converted may place less credence in Title 38 procedures which basically utilize personnel internal to the Agency as opposed to the Title 5 processes which provide for decision by an impartial third party such as the Merit System Protection Board or an arbitrator.

Another issue for consideration includes the timing of disciplinary hearings. Title 38 employees are entitled to a hearing before a decision is made and are thus retained on the payroll during an extended disciplinary process. Title 5 employees receive a hearing in a post decision appeal process after separation from the rolls; adverse actions require only 30-day advance notice process.

o The Task Force developed an internal decision making process. It designed a conceptual framework for evaluation of data it had generated. This process is outlined in Appendix T. Basically, the Task Force gave considerable weight to the results of the management survey it conducted. It also placed heavy emphasis on the results of the Employee Survey, while relying less heavily on the surveys of Central Office Program Officials and Managers, and on external entities such as professional associations, educational institutions and employee organizations. The Task Force also developed internal criteria for reviewing conversion in general, and the conversion of specific individual occupations. These included:

- Recruitment (Occupation is perceived as having a severe recruitment problem)
- Retention (Occupation is perceived as having a severe retention problem)
- Special Salary Rates (Existence of Special Salary Rates indicates lack of pay competitiveness)
- Vacancy Rate (Occupation has a demonstrated vacancy problem)

c The Task Force developed a simplified schematic for categorizing occupations for conversion. The tremendous range of input and data was meaningfully utilized by subjecting each occupation to a two-step review. The two tests were:

- Pay
    - o Are recruitment, retention and morale problems caused by a lack of competitiveness of salary rates?
- Competitive Service Process Under Title 5
    - o Are recruitment problems caused or compounded by the competitive service application examination and appointment system?
    - o Are recruitment and retention problems caused or compounded by the classification and qualification standards under Title 5?
    - o Are retention problems caused by the Title 5 system for advancement and promotion?

In this fashion, every occupation was subjected to stringent review under these criteria and the determination was made if neither condition, one condition, or both conditions were the cause of recruitment, retention or morale problems.

OPTIONS

- Based upon its decision-making methodology, the Task Force developed four options for improving recruitment, retention and morale for the occupations studied. These options are as follows:

Option 1: Conversion to Title 38

This option is intended for those occupations which had severe problems with both the level of pay and the effectiveness of the competitive service processes utilized under Title 5 in the majority of VA health care facilities. Although Title 5 could possibly alleviate these difficulties if major modifications were made to that system, the severity of these problems are sufficient to warrant the significant remedial action of conversion. The Task Force recommends that conversions to Title 38 be accomplished on a complete basis, making the occupations similar in personnel administration to those characteristic of Registered Nurses in Title 38.

Option 2: Implement Section 112 of P.L. 96-330

This option was intended for those occupations for which recruitment and retention difficulties are primarily a function of a lack of competitiveness in salary levels. The Section 112 authority would allow VA Medical Centers to more readily receive special basic pay rates for health care personnel if they could not recruit adequate numbers of them because of salary differentials.

Option 3: Establish a VA Special Examining Unit

This option was intended for those occupations for which recruitment and retention difficulties are primarily a function of the competitive service application, examining and appointment process. The VA would obtain delegated examining authority from the Office of Personnel Management, and then establish a centralized, consolidated examining unit for these occupations. This Special Examining Unit would simplify the application process for interested candidates, would provide more timely service and would improve the quality of referrals by involving VA health care professionals in the examining process as subject matter experts.

Option 4: Utilize a Combination of Options 2 and 3

This option is intended for those occupations which experience some difficulties in recruitment and retention which are related to pay and competitive process. The VA will utilize Section 112 to the extent appropriate to remedy pay deficiencies and will seek to negotiate local delegations of examining authority from OPM for occupations for which it is not feasible to recruit on a national basis. This option also envisions the utilization of flexibility to pay premium pay to these occupations on the same basis on which it is paid to Registered Nurses.

Option 5: Maintain Present Situation

This option is intended for those occupations which have not demonstrated any significant recruitment or retention difficulties, and for which the present policies and mechanisms are satisfactory.

GENERAL CONCLUSIONS:

The Task Force reached the following conclusions, based on the analysis of numerous data sources noted in the Findings and the Exhibits:

- The Veterans Administration is experiencing difficulty in recruiting and retaining sufficient numbers of qualified health care professionals to provide optium levels of quality patient care. These difficulties vary greatly in degree from: (a) occuptional shortages affecting individual facilities and communities; to (b) occupational shortages throughout the VA system. The severity and frequency of these shortages have tended to increase during the past five years, and corrective action must be taken to prevent further deterioration in this situation.

- The VA's inability to effectively recruit and retain qualified health care professionals can be attributed primarily to: (in order of priority)

  - Lack of competitive salaries
  - Ineffective application and appointment procedures
  - Inadequate supply in labor market.

SPECIFIC CONCLUSIONS:

- The data compiled by the Task Force indicated that the majority of health care occupations had some degree of difficulty in recruitment and retention in at least one geographic area as a result of the operation of the competitive examination and appointment process, or as a result of the competitiveness of the Federal salary levels. A number of these occupations had severe problems in recruitment, retention or morale on a broad geographic basis which were primarily attributable to either the competitive process or the unattractiveness of Federal pay levels. However, only three occupations were identified as having severe difficulties in recruitment, retention and morale on a nationwide basis as a consequence of both the competitive examination process and the competitiveness of VA salaries. These three occupations were those of Licensed Practical Nurse/Licensed Vocational Nurse, Physical Therapist, and Respiratory Therapist. The data on these three occupations are as follows:

  - Licensed Practical Nurses/Licensed Vocational Nurses: The Department of Medicine and Surgery employs approximately 8,000 LPN/LVN's in all of its Medical Centers. These individuals are an essential part of the patient care team and provide care and therapy directly to the patients. Their importance to the Department has been magnified by the shortage of Registered Nurses which has affected many Medical Centers. The Licensed Practical Nurse/Licensed Vocational Nurse group has been extremely effective in insuring that the delivery of patient care has not been compromised by the unavailability of Registered Nurses. Approximately 72% of the Medical Centers reported that they had 7% of their budgeted positions for this occupation vacant at any given time. In addition, the Task Force noted that OPM had approved special salary rates for this group in twenty locations, more than for any other VA occupation.

- Physical Therapists: The Department employs approximately 650 Physical Therapists throughout its Medical Centers. This occupation is extremely important in the rehabilitation of patients who have had strokes or traumatic injury, and they are in great demand in the private sector where they can command high salaries as well as have an independent private practice. They are essential to such special emphasis programs as Spinal Cord Injury, Geriatric Care, and Rehabilitation Medicine. Approximately 76% of the Department's Medical Centers reported difficulty in recruiting and retaining Physical Therapists, and the facilities also reported that approximately 17% of their budgeted positions for this occupation were vacant at any given time. The Task Force noted that OPM had approved special salary rates at 9 geographical areas, and felt that additional rates could have been approved if the occupation had been larger.

- Respiratory Therapists: The Department wishes to identify and separate a group of certified, registered practitioners from among its Inhalation Therapy Technicians and develop the new occupation of Respiratory Therapists. In contrast to the Inhalation Therapy Technician group, which is made up primarily of individuals with an on-the-job training background, the Respiratory Therapist would have formal professional training. This preparation would enable them to perform complex therapeutic treatments for cirtically ill patients in intensive care units and post-surgical recovery rooms. Given the fact that the Department is not fully competitive for the non-certified Inhalation Therapy Technician group, it is patently obvious that it cannot achieve its goal of developing a more highly qualified occupational group within the constraints of the Title 5 personnel system. Approximately 55% of the Medical Centers indicated that they experienced recruitment and retention problems for Inhalation Therapy Technicians, and indicated that approximately 9% of their budgeted positions for this group were unfilled at any time. In addition, the Task Force noted that OPM had approved special salary rates for this occupation in seven locations.

In view of these severe, intractable, national problems with both pay levels and recruitment process, the Task Force concluded that Option 1, conversion to Title 38, would be most beneficial for these three occupations which are directly involved in providing therapy and treatment to patients on a one-to-one basis characteristic of other Title 38 practitioners:

- Licensed Practical Nurses/Licensed Vocational Nurses
- Physical Therapists
- Respiratory Therapists (Registered or Certified).

o The Task Force concluded that Option 2, implementation of Section 112, would benefit a small group of occupations which experience recruitment difficulties primarily related to the lack of competitiveness of Federal salaries. These occupations tend to have recruitment difficulties in specific geographical locations, as opposed to a nationwide basis, and would benefit if the VA were enabled to match community pay rates by fully implementing the authorities contained in Section 112 of Public Law 96-330 while retaining their Title 5 status. These occupations include:

- Heart-Lung Machine Technician
- Cardiac Catheterization Technician
- Hemodialysis Technician*
- Dental Hygenist*
- Health Technician Ophthalmology
- Orthotist/Prosthetist

* Also recommended to receive same premium pay as Title 38 Nurses.

o The Task Force concluded that Option 3, the establishment of a Special Examining Unit operated by the VA, would benefit another group of occupations which have been adversely affected by the competitive service application and appointment processes. This group has established educational credentials and a high degree of independence in their daily contact with the patient care team.

The examining authority for these occupations has recently been delegated by OPM from its central office to its 35 area offices, and this change has made it more difficult for candidates to apply for VA positions on a nationwide basis. In addition, these occupations are extremely sophisticated and have highly complex sub-disciplines. These characteristics have made it increasingly difficult for OPM officials to effectively examine for these specialized positions. VA has not been as effective as it might have been in providing its employees to the OPM to serve as subject matter experts in the examining process, and has not always developed effective selective and quality ranking factors for OPM's use. As a result, poor matches are occasionally made, and a candidate is referred who is not able to perform the specific job in question. For example, a clinical psychologist who meets the basic requirement of possessing a Ph.D. in Psychology and who has a background in Alcohol and Drug Abuse treatment may be referred for a position which is primarily concerned with Bio-Feedback as a means of treating chronic pain.

The VA intends to negotiate with the Office of Personnel Management for examining authority for these occupations and establish an examining unit. Such a process should significantly improve the match between the professional skills of the certified applicant and the demands of the VA position. Improvements in the timeliness of staffing may also be realized. Occupations identified with this option include:

- Psychologist
- Social Worker
- Occupational Therapist
- Audiologist/Speech Pathologist
- Clinical Pharmacist
- Clinical Dietician

- The Task Force concluded that Option 4, the utilization of a combination of Options 2 and 3, as well as improved premium pay practices would benefit another group of occupations which tend to have some difficulties both in salary competitiveness with the private sector and with the competitive examination process. While these problems may be severe in one or both categories in many locations, they are not as pronounced or as universal as the problems facing the occupations recommended for conversion to Title 38. Recruitment and retention difficulties for these occupations should be largely eliminated through use of the pay setting authority contained in Section 112 of Public Law 96-330, and through locally negotiated examining processes with OPM. If, after a reasonable time period, recruitment and retention for these occupations does not improve significantly, this group may be benefited further by inclusion in the group of critical health care occupations proposed for the VA special examining unit to rate and refer candidates for employment. In addition, while still retained in Title 5, these occupations should be considered for premium pay on the same basis as Title 38 Registered Nurses in order to match community practices on shift differential, premium pay, call-back, etc., because of the nature of their work, and in order to be fully competitive. Occupations identified in this category include:

  - Echocardiograph Technician
  - Health Technician (Ultrasound)
  - Therapeutic Radiology Technologist
  - Diagnostic Radiology Technologist
  - Nuclear Medicine Technologist
  - Clinical Microbiologist
  - Medical Technologist
  - Cytology/Histology Technologist
  - Clinical Chemist

- The Task Force concluded that Option 5, the maintenance of present procedures and policies, was all that was necessary for a remaining group of occupations that did not have national or local problems of a significant nature with either salary levels or with the competitive appointment process. These occupations include:

  - Health Physicist
  - Inhalation Therapist (Non-Registered, Non-Certified)
  - Orthopedic Technician
  - Nursing Assistant
  - Chaplain
  - Rehabilitation Technician (Alcohol/Drug)
  - Biological Laboratory Technician
  - Medical Laboratory Technician & Aide
  - Restoration Technician
  - Prosthetic Representative
  - Blind Rehabilitation Technician
  - Non-Clinical Pharmacist
  - Non-Clinical Dietician
  - Dietetic Assistant

RECOMMENDATIONS*

The recommended actions as a result of this study are listed below:*

RECOMMENDATION I:

The VA recommends that Legislative consideration be given to converting the following occupations from Title 5 to Title 38:

- o Licensed Practical Nurses/Licensed Vocational Nurses
- o Physical Therapists
- o Respiratory Therapists (Certified & Registered)

The cost of this conversion is estimated to be $12,153,145. (See Table, page 6, Recommendation I, and Appendix - Exhibits O, L & R.)

RECOMMENDATION II:

The VA will issue implementing regulations to utilize Section 112 of P.L. 96-330 to establish and approve competitive salary rates for six health care occupations in areas in which they are necessary to recruit and retain qualified candidates. The occupations are those named in Recommendation II, Table 1, page 6. The cost is estimated at $6,479,910 (Appendix - Exhibit P).

RECOMMENDATION III:

The VA will negotiate delegations of authority to examine and certify candidates with the Office of Personnel Management, and establish a Special Examining Unit within the Veterans Administration to provide quality candidates in a timely manner. The cost estimate for implementation of this unit is $652,923 (Appendix - Exhibit Q). The six occupations to be covered are designated in Recommendation III, Table 1, page 6.

RECOMMENDATION IV:

The VA will utilize a combined approach of several of the above methods, and utilize the flexibilities of Section 112 to increase basic pay rates for a group of ten occupations that has need for this in various geographic locations. It will also attempt to negotiate some delegations of examining authority with the Office of Personnel Management on a local basis. Finally, it will request legislative consideration to pay these occupations premium pay on the same basis as Title 38 Registered Nurses. The occupations to be covered by this recommendation are listed as Recommendation IV, page 6, Table 1. The estimated cost is included in the estimate for Recommendation II above. This group and Recommendation group II both receive special pay, estimated at $6,348,465.

RECOMMENDATION V:

The conversion of three occupations to Title 38 and the utilization of Section 112, premium pay benefits, and the delegated examining authority for twenty-two Title 5 occupations should be implemented and evaluated after one year. Appropriate further action, e.g., converting additional occupations to Title 38 or increasing the use of Section 112, can be initiated once the initial effectiveness of these steps has been measured and evaluated to determine if any or all of the above recommendations have improved recruitment, retention, quality of care and morale. There is no additional cost estimated for this recommendation.

* Concise Summary in Table 1, page 6 of this section.

IMPLEMENTATION METHODS FOR PROPOSALS TO IMPLEMENT AND OBSERVE THE EFFECTS OF THE FIVE APPROACHES: THE TASK FORCE REPORT TO CONGRESS RECOMMENDS A TWO PHASE PLAN

PHASE I:

STEP 1: Immediate conversion to Title 38 for those three occupations which show an overwhelming need for conversion, as demonstrated by severe difficulties with both pay and competitive service issues.

STEP 2: Implement Section 112*, of P.L. 96-330 to increase basic pay (which is the primary cause for difficulty in recruitment and retention for most jobs studied) establish premium pay and establish VA Special Examining Unit for twenty-two occupations.

STEP 3: Observe and evaluate operation of both actions for 6-12 months.

PHASE II:

STEP 1: Report on usefulness of Title 38 conversions. Determine if conversions were cost-effective, if they remedied recruitment and retention problems, and were well accepted by employee groups.

STEP 2: Report on usefulness of Section 112 and premium pay (P.L. 96-330) to determine if recruitment and retention problems are remedied by improved salary structures.

STEP 3: Report on usefulness of VA Special Examining Unit to determine if VA control improves ability of Medical Centers to recruit candidates in a more timely fashion.

STEP 4: Convert other critical health care occupations to Title 38, which do not show improved recruitment and/or retention after Sec. 112 and premium pay are implemented.

*NOTE: Benefits of implementation of Section 112:

This action is seen as the most immediate and helpful to the Medical Center Directors, since it will allow them to compete with higher salary scales for selected occupations in private sector hospitals in the same community. This, of course, is dependent on the availability of funds in the Medical Center to increase the salaries. There is no money appropriated for the implementation of Section 112 of P.L. 96-330 as of the time of submission of this report to Congress (August 1982). This will require no new legislation, since the authority has already been given to the Administrator to grant basic salary increases to general schedule employees. Section 112, as it pertains to Title 5 employees, is now in the process of being implemented.

Figure 1

DM&S PROPOSALS TO CONGRESS ON P.L. 96-330, § 117

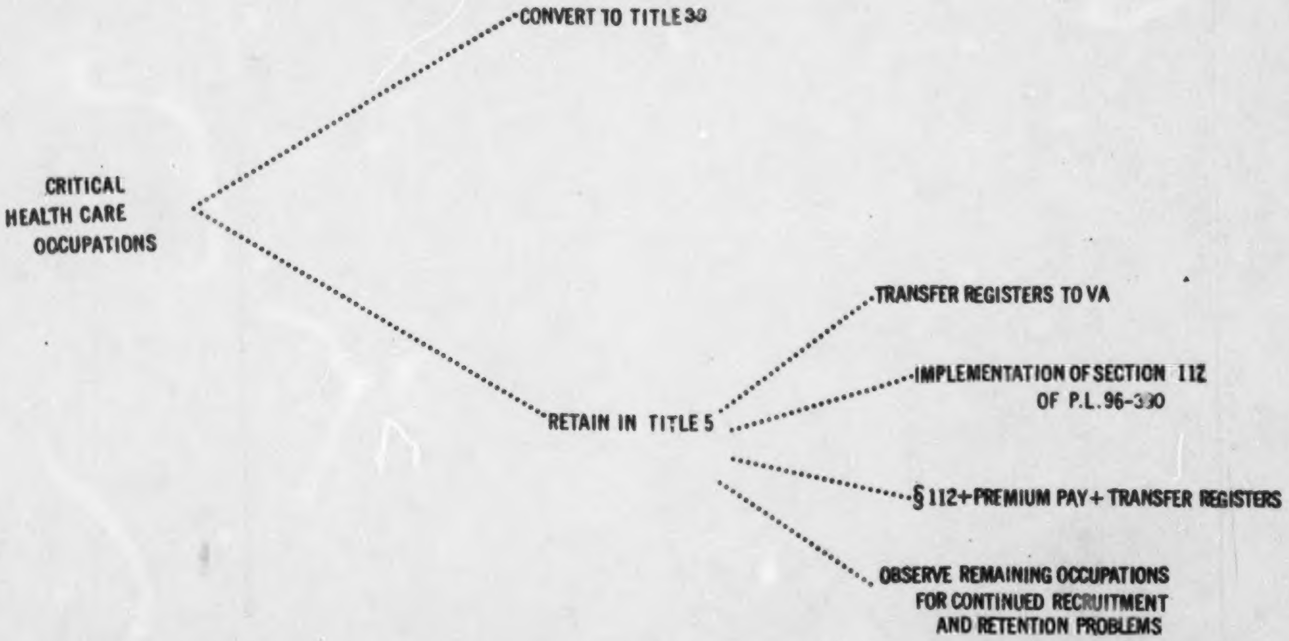

CRITICAL
HEALTH CARE
OCCUPATIONS
CONVERT TO TITLE 38
RETAIN IN TITLE 5
TRANSFER REGISTERS TO VA
IMPLEMENTATION OF SECTION 112 OF P.L. 96-330
§ 112+PREMIUM PAY+TRANSFER REGISTERS
OBSERVE REMAINING OCCUPATIONS FOR CONTINUED RECRUITMENT AND RETENTION PROBLEMS

EXHIBIT A

SCOPE OF RECOMMENDATIONS

SCOPE OF RECOMMENDATIONS OF GENERAL COUNSEL

Section 117 of P.L. 96-330 specifically mandates the Administrator to determine which categories of Title 5 employees should be converted to the Title 38 personnel system in order to alleviate recruitment and retention difficulties. The Task Force raised the issue whether the study authority contemplated a conversion of certain Title 5 employees totally into the Title 38 system or whether a partial conversion (i.e., for recruitment purposes only, etc.) could be considered.

The Task Force was advised that since the purpose of the study was to develop recommendations which Congress may consider in order to alleviate particular personnel problems in the VA health care system, it need not be limited to considerations of only an all-or-nothing conversion, but rather, could include any means, including partial conversions, which might be used to improve VA's ability to recruit and retain qualified health care personnel. The Task Force developed recommendations accordingly.

EXHIBIT B

SURVEY OF COMMENTS
OF
DIRECTORS AND CHIEFS OF STAFF

TABLE OF CONTENTS

1. SURVEY COMMENTS OF MEDICAL CENTER DIRECTORS AND CHIEFS OF STAFF

   TABLE 1 - RESPONSE FROM FIELD STATIONS

2. SUMMARY OF MANAGEMENT COMMENTS WITHIN VA MEDICAL CENTERS CONCERNING REASONS FOR RECRUITMENT AND RETENTION DIFFICULTIES

   A. EAST COAST MEDICAL CENTERS

   B. MIDWEST MEDICAL CENTERS

   C. WEST COAST MEDICAL CENTERS

3. LETTERS FROM MEDICAL CENTER DIRECTORS CONCERNING RECRUITMENT AND RETENTION DIFFICULTIES

SURVEY COMMENTS OF MEDICAL CENTER DIRECTORS AND CHIEFS OF STAFF

Generally, management opinions on all 37 health care positions were very specific and centered around the need to relieve the burdens imposed by the OPM process associated with employment, and relief of pay restrictions to improve recruitment and retention in VA Medical Centers.

The study determined that the delay experienced by nearly all medical centers for receipt of registers, processing of examinations, and approval of special pay rates is so significant that applicants for positions within the medical centers become discouraged and accept positions in non-government hospitals.

Opinion of Medical Center Directors:

The Directors also noted that the continued cap on the Federal comparability salary increases each year has resulted in an increase in turnover among many of our allied health workers.

The labor market for health care professionals is quite competitive and annual salary increases in the private sector have been substantially in excess of Federal increases. The Veterans Administration salary position has become steadily less competitive.

In this environment, most Directors have extraordinary difficulty in recruiting these individuals. Narrative comments were analyzed from the 169 Medical Centers and Outpatient Clinics to determine which groupings of employees were problem areas. These were:

- Groups of clinically related health care personnel who would benefit by inclusion in the Title 38 structure. The criteria for selection were: (a) improved status as a professional group; (b) better remuneration; and (c) perceived problems in coping with the competitive appointment process.

- Groups for which recruitment is not as difficult, but instead, centers around the quality of candidates referred. These are professional groups recognized as having professional credentials who directly interface with patients and may dictate that patient's care plan or process. This group does not have pay as a major problem in preventing recruiting or retention, but the decentralization of registers by OPM for this group has been noted as a significant problem by their central office program counterparts.

- Groups with some recruitment difficulty which could be retained under the Title 5 competitive system through changes in regulations and legislation to permit advanced in-hiring rates, increased flexibility for premium pay, weekend differential, compressed work week and on-call pay.

Opinion of Chiefs of Staff:

It was the considered opinion of the Chiefs of Staff that salary levels were the principal problem causing the recruitment difficulties, as the Veterans Administration is not competitive with the private sector in most locations.

Most Chiefs of Staff did not feel that placing all DM&S personnel under Title 38 would be beneficial to recruitment and retention. Their opinion of which groups should be considered for conversion to Title 38 rested on the pay issue, and the consideration of those necessary occupations which are identified as serious problems in recruitment and retention. A broad conceptualization of those occupations which were interactive as a health care team was indicated by analysis of their narrative responses submitted to the Task Force.

TABLE 1

RESPONSE FROM FIELD STATIONS

SURVEY ON PAY RELATED MATTERS FOR SELECTED HEALTH OCCUPATIONS, RCS-11-229-S

Coordinators Responsible For Completion of Survey	No. of Facilities
Medical Center Director	6
Asst. Medical Center Director	1
Asst. Director Trainee	1
Chief of Staff	4
Administrative Assistant Chief of Staff	8
Chief, Personnel/Personnel Officers	98
Asst. Chief Personnel	18
Personnel Management Specialists	23
Personnel Staffing Specialists	2
Position Classification Specialists	5
Acting Chief, Professional Services Division	1
Joint Contributions	2
TOTAL	169

SUMMARY OF MANAGEMENT COMMENTS WITHIN VA MEDICAL CENTERS CONCERNING REASONS FOR RECRUITMENT AND RETENTION DIFFICULTIES

The following direct quotations were taken from the written comments submitted by each VA Medical Center as part of the October 1981 Management Survey conducted by the Task Force.

NOTE: The comments selected are representative of those problems experienced by VA Medical Centers in three major geographic areas of the United States: (A) East; (B) Midwest; and (C) West, and are grouped in that order.

A. EAST COAST MEDICAL CENTERS:

Hospital No.	State	Management Comments
402	ME	"National registers take time and have a limited number of candidates referred"
		"Nuclear medicine and medical technologists recruitment would probably not be increased by salary incentives, because the schools are not producing enough technologists"
		"We are pretty competitive salary-wise, but a premium could make a difference"
		"LPN is a shortage category here, but there is less salary difference here than in any of the other categories." NOTE: This contradicts the New England OPM Study (See Exhibit M)
		"Turnover is high since the role of LPN's is less status-wise than in private hospitals, which treat LPN's more like RN's."
405	VT	"Immediate priority must be given to on call pay for several occupations, including, but not necessarily limited to LPN, Medical Technologist and Diagnostic Radiology Technologists. The majority of hospitals now pay an hourly rate for this service. We must have this benefit to compete."
		"The qualification requirements should be changed for LPN's to allow appointment of new graduates at GS-4."

A. EAST COAST MEDICAL CENTERS (CON'T)

Hospital No.	State	Management Comments
632	NY	"The following occupations should remain in Title 5 for periodic increases, outside remuneration, retirement, hours of duty and premium pay" (1) 631 - Occupational Therapist (2) 633 - Physical Therapist "There is a nation-wide need and shortage of qualified Respiratory Therapists.. these should remain in Title 5 to allow them to have outside remuneration to permit them to work two jobs." "Other occupations, namely electrocardiograph technicians, and heart/lung machine technicians are recommended for Title 38 only for grade setting and salary rates."
631	MA	"Title 5 should be retained for all of the following occupations except for appointment, performance evaluation, promotion and premium pay" (1) Medical Technologist (2) Histopathology Technician (3) Medical Radiology Technician (4) Inhalation Therapy Technician (5) Medical Machine Technician (6) Pulmonary Function Technician (7) Dental Hygenist Assist. & Tech. (8) LPN (9) Nursing Assistant
561	NJ	"The provision of Title 5 should be retained....for periodic pay increases, leave, performance evaluations, disciplinary actions, promotions, and allowance for outside work in their technical or professional fields"
566	MD	"This survey does not reflect our station's true recruitment difficulties for: (1) Occupational Therapists (2) Physical Therapists (3) Orthotist-prosthetists. Our retention rate remains stable with an approximate turn-over rate of 27% during the past two years. Our major problem is in recruitment when a vacancy exists. Several of our positions have remained vacant for extended periods of time. For example, our orthotist's position was vacant for over a year.
558	NC	"Recommend that all occupations performing "stand-by" or "voluntary on call" receive Title 38 premium pay."

B. MIDWEST MEDICAL CENTERS

Hospital No.	State	Management Comments
550	IL	"...Title 5 positions...involved in other than administrative work week coverage should be under the same premium as Title 38 Nurses."
535	IL	"Too many employees now hold outside jobs to gain extra money..Title 38 may restrict this ability."
538	OH	"The outside remuneration prohibition under Title 38 would tend to serve no purpose for: GS 631 - Occupational Therapists, 633 - Physical Therapists, 644 - Medical Technologist, 660 - Pharmacist, and 621 LPN, and could be a recruitment deterrent."
543	MO	"Under the OPM register recruitment system selecting officials are often forced to select from those available or not fill vacant positions."
		"For Medical Technologists, the initial salary rate is not competitive."
		"For Diagnostic Radiology Technologists, we have experienced recruitment difficulties, primarily due to the inability to compete for newly graduated technologists and the non-competitive salary offering at the GS-4 entry level."
		"We are experiencing retention difficulty with an authorized and filled position for (649B) Heart/Lung Machine Technician due to higher salary offerings available nation-wide in Non-Federal institutions"
		"For Pharmacists, recruitment has been extremely difficult over a three year period because salaries are not competitive at the entry level."
		"There has been a three year extreme difficulty in recruitment and retention in the 6991 series - Health Technician."
		"For LPN's there has been an inability to locate acceptable applicants from OPM registers."

B. MIDWEST MEDICAL CENTERS (CON'T)

Hospital No.	State	Management Comments
596	KY	"We recommend the following occupations to be in Title 38 to improve the appointment process, the promotion process, and for premium pay: (1) Psychologist (2) Social Worker."
		"Also recommended for all of the above and for leave, performance, evaluation and other benefits include: (1) Medical Technologist (2) Cytologist."
		"Cardiac Catherization technicians should be in Title 38 only for premium pay and leave."
		"Retention problems with Nursing Assistants are caused by (lack of) quality of available candidates."
		"LPN's would benefit from Title 38 since it excludes complicated hiring procedures."

C. WEST COAST MEDICAL CENTERS

600	CA	"The possibility of an increase in pay is of utmost concern in this geographic area."
		"There is poor quality in the candidates referred by OPM to fill critical health care positions; OPM uses a liberal approach to qualifying applicants; many of these applicants cannot find positions in the private medical facilities; OPM registers are filled with poor quality candidates which we are forced to hire and try to train in order to fill positions."
		"During the past two years, due to budget and ceiling restrictions, many positions have been cancelled."
		"Because of low Federal salaries in this geographic area compared to the private sector, quality candidates do not consider VA facilities as a source of employment."
		"The timeframe for a decision from OPM on our requests for special rates for GS positions could be anywhere from 6 months to 2 years."

C. WEST COAST MEDICAL CENTERS (CON'T)

Hospital No.	State	Management Comments
600	CA	"Since OPM does the rating and certification of applicants, they are inclined not to symphathize with our complaints about poor quality of candidates." "Positions which should have further consideration for conversion to Title 38: (1) Social Worker (2) Medical Tech. (3) EEG Technician (4) Medical Machine Technician (5) Pulmonary Function Tech. (6) Hemodialysis Technician "Partial conversion to Title 38 for A. Recruitment, retention, dismissal, performance ratings should be considered for: (1) Audiologist-Sp Pathologists (2) EEG Technologist B. For pay and leave purposes only: 625 - Autopsy Assistant; 642 - Nuclear Medicine technologist; 647 - Diagnostic Radiology Technologist; 649A - Catherization Technician; 699H - Health Technician Series - Opthalmology; 699J - Orthopedic Technician; 621 - LPN"
692	OR	"From past experience, we feel that if occupational therapists & physical therapists had increases in basic pay we could better recruit and retain them."
567	CO	"We have continuing problems for therapist categories (occupational and physical) which are long standing." "We receive letters from interested applicants who usually receive employment elsewhere before they go through the process of establishing eligibility with OPM."

LETTERS FROM MEDICAL CENTER DIRECTORS
CONCERNING RECRUITMENT AND RETENTION DIFFICULTIES

The letters on the pages which follow represent the majority view of recruitment problems as they exist by geographic region.

Medical Center
50 Irving Street, NW.
Washington D.C. 20422

Veterans
Administration

In Reply Refer To: 688/00

October 26, 1981

E. M. Travers, M.D. (11B)
Chairman, Title 38 Task Force Committee
Veterans Administration
Washington, D. C. 20420

SUBJ: VA Circular 10-81-191, Related Matters for Selected Health Occupations

1. Enclosed are the survey responses to your recuitment and retention inquiries for selected health occupations. Both the Chief of Staff and I have reviewed the survey and concur with the responses made by our service chiefs. The following written comments were submitted concerning several of the occupations:

> Sociology - Efforts to recruit skilled and qualified clinicans are frustrated by the use of the SF-171. The top three candidates from which we must choose may not necessarily be the best qualified individuals. We need new rating criteria to help make better recruitment determinations. Also the low pay scale in comparison to the private sector greatly hinders our recruiting efforts.
>
> Psychology - The dispersion of the psychologist register over 35 Office of Personnel Management registries, in lieu of one centralized registry, compounds our recruitment problem. The logistics involved within such a system to find qualified psychologist severely limits and substantially lengthens recruitment efforts.
>
> Nuclear Medicine - The difference in starting salary compared to similar positions within our geographic area amounts to approximately $5,000. This makes efforts to recruit very difficult. This discrepancy must be corrected in order to allow us to be competitive in the local market. However, such Title 5 provisions such as annual leave, overtime and tours of duty should remain.
>
> Medicine - Electrocardiology technicians present retention problems due to the absence of promotion potential. Their highest supervisory grade only reaches a GS-7 level.
>
> Cardiac catheterization technicians have a narrow pay scale ranging from a GS-6 to a GS-8 (including supervisors), which creates retention problems.

Hemodialysis technicians receive no "on-call" pay, thereby creating problems in getting individuals to work "on-call" duties. The problem is compounded since technicians in the surrounding community receive "stand-by" pay. This contributes to our inability to compete for hemodialysis tehcnicians with the private sector.

The organizational structure for Inhalation Therapists excludes positions for assistant supervisor and night supervisor. This lack of formal supervisory responsibilities along with the commensurate salary, makes retention of employees difficult.

2. While reviewing the responses and comments to the questionnaire, I have noticed two major problems common to many of our services. First, many services have recruitment problems due to the present structure of the General Schedule for health care occupations. The length of time necessary to process applications constrains our ability to competitively recruit with the private sector. Second, the comparatively low pay scale for many of those occupations affects our efforts to retain as well as recruit adequate personnel. It appears that for some of these occupations conversion to Title 38 may be the most appropriate solution.

3. In closing, I am confident that your efforts to alleviate these problems will greatly assist us in securing the best personnel available to serve our veterans' needs. If I may be of further assistance, please feel free to contact me.

A. A. GAVAZZI
Medical Center Director

Medical Center

Davis Park
Providence, RI 02908

Veterans
Administration

October 15, 1981

ACMD for Professional Services (11B)
Veterans Administration Central Office
Washington, D.C. 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations
RCS-11-229-S

1. Enclosed are the completed forms requested in Circular 10-81-191 dated, September 17, 1981.

2. Basic pay is not our major problem in this geographical area. In most instances, rates of pay for health occupations are higher at the VA medical centers than at private medical centers. The major problem relates to fringe benefits. The fringe benefits at private medical centers far exceed those offered by the federal government. The only fringe benefit provided by the federal government that exceeds private medical centers is annual leave, especially annual leave under Title 38.

3. On the surface, it appears that the retirement plan far exceeds that which is available at private medical centers, however, with investment rates the way they are today the retirement program is not a clear advantage. For example, if employees in the private medical centers invested the difference between what they contribute to social security and what the government employee contributes to the retirement plan and systematically invested those moneys, total retirement benefits, which would include savings through investment, social security income and income from the noncontributory private hospital retirement plan would approximate that which would be received by the federal employee in retirement benefits.

4. Enclosed, hereto, is a copy of the Rates of Pay Task Force report which was conducted in Medical District 1 for nursing positions. Please contact John G. Munro, Jr., Chief, Personnel Service at FTS 838-3414 if there are any questions concerning this survey.

For and in the absence
of DONALD E. BURNETTE
Medical Center Director

Enclosures 2

In Reply Refer To: 650/05

Medical Center

1540 Spring Valley Drive
Huntington, WV 25704

Veterans Administration

October 15, 1981

In Reply Refer To: 581/05

Deputy ACMD for Clinical Support Services (11B)
VA Central Office
810 Vermont Avenue, N.W.
Washington, DC 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations, RCS 11-229-S

1. In accordance with DM&S Circular 10-81-191 dated September 17, 1981, enclosed is the subject report.

2. There are some occupations at this Medical Center which, fortunately, have experienced very little turnover during the past few years, i.e. Social Worker, Pharmacist, Dietitian, etc. If these positions were vacated, however, it is felt that recruitment could be difficult. Based on the criteria set up for purposes of this report, our input does not reflect this possibility.

3. We recognize the need for an increase in basic pay for the reasons outlined in Section 112 of P.L. 96-330, but do not necessarily believe that conversion to Title 38 will solve the problem.

4. If you require additional information, please contact Barbara D. Carico, Personnel Management Specialist at FTS 924-2200.

Paul Kidd

A. PAUL KIDD
Medical Center Director

Enclosure

Medical Center
(Atlanta)

1670 Clairmont Road
Decatur GA 30033

Veterans Administration

October 14, 1981

In Reply Refer To: 508/05/11/00

Title 38 Task Force (11F)
Department of Medicine and Surgery
Veterans Administration Central Office
810 Vermont Ave., N.W.
Washington, DC 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations, RCS 11-229-S

1. The enclosed survey material is forwarded in accordance with Circular 10-81-191, dated September 17, 1981. Section II contains a summary of responses received from appropriate service chiefs at this Medical Center.

2. It is noted that the position of Chaplain is listed in Section II of Circular 10-81-191. As you are aware, Chaplain positions are specifically excepted from the competitive service by Title 5, U.S. Code 213.3102(a). From our vantage point, it appears the current statutory authority provided by Title 5 is adequate to recruit and retain highly qualified individuals in these positions.

3. This Medical Center has experienced no dramatic problems in the recruitment and retention of employees for the other positions covered by this survey. There have been isolated situations where turn-over has been a problem (i.e., Medical Technologists), but it is our experience that the problems with retention of employees in these positions are related more to working conditions such as call back overtime, evening, night, and week-end duty, etc., than to rates of pay or type of appointing authority.

4. This Medical Center sincerely appreciates the interest of Congress in attempting to identify and resolve problems associated with the recruitment and retention of employees in certain Title 5 positions. It is obvious from the summary of responses of our service chiefs that some would be in favor of certain positions being placed under authority of Title 38. To be perfectly candid, however, the Chief of Staff and I are concerned that the proliferation of VA positions under Title 38 authority could eventually lead to a demise of that authority. Title 38 is, in our opinion, the cornerstone of the Department of Medicine and Surgery as far as the recruitment of physicians, dentists, and nurses is concerned and we would not want to see any actions taken, regardless of their good intentions, which could adversely affect the integrity of DM&S' Title 38 authority.

5. The Office of Personnel Management (OPM) recently issued a revision to FPM Chapter 332, Appendix D, Direct Hire Authority for Eligibles in Shortage or Critical Shortage Occupations. DM&S Circular 10-81-208 identified eight nationwide examinations which OPM has decentralized under the Direct Hire Authority (DHA). Perhaps DHA is one recruitment method individual VA Medical Centers should consider using, where indicated, in cooperation with local OPM offices. The provisions of FPM Chapter 530, Subchapter 3, would still be available in these circumstances where special rates for recruitment and retention could be properly documented.

6. We appreciate the opportunity to comment on this most important matter. Please let us know if you desire any additional information.

Glenn Alred J

GLENN ALRED, JR.
Medical Center Director

Encl.

Medical Center

54th Street and
48th Avenue South
Minneapolis, MN 55417

Veterans
Administration

October 13, 1981

11
Director, Midwestern Region (~~10BA5~~/11F)
Department of Medicine and Surgery
Veterans Administration Central Office
Washington, D.C. 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations
(RCS 11-229-S)

1. Enclosed is our completed questionnaire concerning subject survey.

2. Also enclosed are a brief summary of the methods we used to complete the questionnaire and our comments about the Title 38 employment and pay system, which we believe may be helpful to the task force.

Barbara Gallagher
(For and in the absence of) DANIEL E. COONEY
Medical Center Director

Enclosures

In Reply Refer To: 618/05A

#618

Enclosure 3

COMMENTS ON TITLE 38

1. General. There appears to us to be considerable confusion about the impact of conversion to the title 38 system. Accordingly, we applaud efforts to provide information about the many facets of title 38. It seems logical that an analysis of each component is essential to help determine whether or not there is a potential for improving recruitment or retention of health care personnel. Not to be overlooked in this process, however, is the manageability of having a mixture of employment groups. Therefore, a concentrated effort should be made to determine all of the likely advantages and disadvantages of the various options. In other words, the study needs to be considerably more than "conversion to title 38" or conversion to nurse premium pay provisions. Comments on selected title 38 provisions follow.

2. Appointments and Advancements. In light of the massive job analysis efforts underway, it is our view that a key consideration will be the Uniform Guidelines for Employee Selection Procedures. The Professional Standards Board would not seem appropriate for other than professional, but the Subject Matter Expert concept could be used instead of PSB's.

3. Basic Pay. Although pay linkage and OPM review of special rates would appear to be neither to VA's advantage or disadvantage, conversion to title 38 would have the potential to provide more flexibility to appoint above the minimum rate at any grade level. Also, the 2-step promotion rule could be modified, when appropriate.

4. Premium Pay. The 3 existing major premium pay inequities could be resolved by converting to the DM&S nurse premium pay (and grandfathering standby pay), since night differential would be payable on a tour basis, on-call pay would be available, and part-timers would receive Sunday premium pay for work on Sunday. This should be done for all health care personnel.

5. Annual Leave. In effect, nurses are in category 3 for annual leave accrual. Other health care personnel converting to title 38 would not need to be converted to category 3.

6. Proficiency/Performance Rating. Current Title 5 should continue under title 5 provisions.

7. Disciplinary Boards. Such Boards should be limited to professionals.

8. Outside "Professional" Activities for Remuneration. Such activities should not be limited for personnel assigned to 40-hour workweeks.

Medical Center
821 Northeast 13th Street
Oklahoma City, OK 73104

Veterans
Administration

May 28, 1982

Eleanor M. Travers, M.D.
Deputy Director, Pathology Service (113)
Veterans Administration Central Office
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Doctor Travers:

We have considered these groups of clinically related categorical groups of health care personnel who we believe might be better served and better serve the VA Medical Center were they to be included in the Title 38 structure. We have used as a criteria the perception of the group as a professional group, remuneration, the employment market and perceived problems in coping with OPM regulations. We suggest the highest priority as medical technologists, radiological technologists, licensed practical nurses, physical, occupational and corrective therapists and clinical biomedical engineers.

In this environment we have extraordinary difficulty in recruiting any of these individuals. We would add to that list the groups which in this environment we do not have as much difficulty in recruiting as follows: psychologists, social workers, speech pathologists, audiologists, pharmacists and dieteticians. These are professional groups recognized by our clientele as having professional credentials; who directly interface with the patients and who dictate that patient's care plan or process.

Listed below are groups which we have difficulty in recruiting but believe could be retained under the Title 5 competitive system. However, to do so we would request changes in legislation to accomplish advanced in-hiring rates, increased flexibility for premium pay, weekend differential, compressed work week, on-call pay and local authority to exceed the salary schedule up to 10% with, of course, appropriate justification. This group would consist of nursing assistants and technicians in the following fields: ECG, EEG, pulmonary function, inhalation therapy, hemodialysis, nuclear medicine, heart lung machine, medical machines, and Pharmacy.

I have developed this list with the help of the Associate Director and our Chief of Personnel. If we can help in any other way in this endeavor, please let me know.

Sincerely,

Walter H Whitcomb
WALTER H. WHITCOMB, M.D.
Director

In Reply Refer To: 635/00

Medical Center

4150 Clement Street
San Francisco CA 94121

Veterans
Administration

OCT 16 1981

In Reply Refer To: 662/05

Director Western Region (mub ~~10BA6~~/11B)
Veterans Administration Central Office
810 Vermont Avenue, N.W.
Washington, D.C. 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations (RCS 11-229-S)

1. The completed subject report is enclosed.

2. We strongly endorse the Title 38 conversion in general, particularly for those occupations where we are experiencing great difficulties in recruitment and retention.

Laurance V. Foye, Jr., M.D.

LAURANCE V. FOYE, JR., M.D.
Medical Center Director

Enclosure

Medical Center

4150 Clement Street
San Francisco CA 94121

Veterans
Administration

June 1, 1982

In Reply Refer To: 662/00

Dr. Eleanor M. Travers
Deputy Director, Pathology Service (113)
Veterans Administration
810 Vermont Ave. NW
Washington, D.C. 20420

Dear Doctor Travers:

Appointment of selected health professionals (physicians, dentists, nurses, etc.) under the Title 38 system has been a major determinant of the quality of patient care in the Department of Medicine and Surgery of the Veterans Administration. The educational degree, licensure, and other credentialling, as "boards", help in establishing an essential floor or minimum level of expertise. The quality of care provided depends equally, however, upon recent and current performance, the constant updating of knowledge and skills, and a clear recognition of the immediate and critical relationship between the care provider's actions and the patient's outcome.

Selection, remuneration, promotion, and retention must depend upon these latter individual qualities, as well as upon possession of the proper "credentials", if quality of care is to be maintained.

It is easy to see that, for highly trained, direct patient care personnel, Title 38 with its local Professional Standards Board evaluations, special rates for special qualifications, grievance and disciplinary procedures, and "worth of the person" rather than "worth of the job" concept provides much greater assurance of the current quality of health care personnel than can Title 5.

At the very minimum the following occupations should, for the patient's benefit, be converted to the Title 38 system:

Clinical Microbiologist
Licensed Practical/Vocational Nurse
Pharmacist
Psychologist
Physical Therapist
Technicians & Technologists (Medical, Radiology, EKG, Nuclear Medicine, Laboratory, Hemodialysis, Cardiac Cath, Heart-Lung Machines, etc.)

There is no question that such an action would improve our ability to recruit and retain employees capable of contributing in a major way to the quality of care we can provide.

Sincerely yours,

Laurance V. Foye, Jr., M.D.

LAURANCE V. FOYE, JR., M.D.
Medical Center Director

Medical Center
5901 East Seventh Street
Long Beach, CA 90822

Veterans
Administration

October 15, 1981

104B

Regional Director, Western Region (~~10BA6~~/11B)
Department of Medicine & Surgery
Veterans Administration
810 Vermont Avenue, N.W.
Washington, DC 20420

SUBJ: Survey on Pay Related Matters for Selected Health Occupations
RCS-11-229-S

1. In accordance with Circular 10-81-191, the requested questionnaire has been completed and is enclosed.

2. While many of our service chiefs are somewhat familiar with P.L. 96-330, others were not. Two (2) meetings were held with service chiefs and/or their designated representatives to explain the PL 96-330 and the purpose of this task force. Further explanations of the Title 38 and Title 5 provisions have been provided along with the chart comparing the two systems.

3. The ability to expedite recruitment through use of Title 38 is the major selling factor for recommending conversion from Title 5 to Title 38. The possibility of an increase in pay is of utmost concern in this geographical area. With the absence of information dealing with pay systems and grade level definitions, most services feel apprehensive about the conversion to Title 38 and reluctantly made recommendations.

4. Column A of the questionnaire dealing with recruitment problems has caused much concern among all participants in this survey. During the past year due to budget and ceiling restrictions, many positions have been cancelled. We have a "2" in several occupations because of these ceiling cuts and according to instructions, the other blanks in the lines have not been completed. The following is a list of those positions that should have further consideration for conversion to Title 38:

a.	181A	Psychology Technician
b.	185	Social Worker
c.	644	Medical Technologist
d.	649	Electrocardiography Technician
e.	649D	Medical Machine Technician
f.	649E	Pulmonary Function Technician
g.	649G	Hemodialysis Technician
h.	1715	Vocational Rehabilitation Specialist

5. Another valid point to consider in converting certain occupations to Title 38 is the poor quality of candidates referred by the Office of

In Reply Refer To: 600/05C

Personnel Management to fill critical health care positions. OPM uses a liberal approach to qualifying applicants. Many of these applicants cannot find positions in the private medical facilities. OPM registers are filled with poor quality candidates for the Diagnostic Radiologic Technologist and Medical Technologist. We are forced to hire and try to train these candidates in order to fill these positions. Because of low Federal salaries in the Los Angeles area (compared to the private sector) quality candidates do not consider VA facilities as a source of employment.

6. We do not expect this conversion to increase the pay for these occupations. However, we do feel that if the Administrator has the authority to increase the in-hiring rates for fully justified, critical occupations, our recruitment problems could be handled in a much more timely manner. Under the current provisions, our requests for special rates for General Schedule positions are bounced between several OPM offices. First we send our request to the San Francisco Regional Office. They forward it back to the Los Angeles Area Office. Then Los Angeles sends it back to the San Francisco Regional Office and finally to Central Office, OPM in Washington. Each of these points will hold our request for several months and each in turn will call for updated employment status reports or updated salary surveys. We will complete these lengthly surveys up to four (4) times before we get a "negative" decision to our request. The time frame for a decision could be anywhere from 6 months to 2 years. Since OPM does the rating and certification of applicants they are not inclined to sympathize with our complaints about poor quality of candidates. Anything to improve this method would be a tremendous help.

7. The survey pertains to full time permanent positions only and has caused us some concern. We do not feel that there should be a difference between treatment of employees in similar occupations because of the nature of the appointment (temporary versus permanent) or their work schedules (part time versus full time).

8. Even though the Chief of Personnel Service has coordinated this project, the attached questionnaire and comments are the service chiefs and/or their representatives' recommendations. The Personnel Officer's views are described in Paragraph 6 and 7. If further explanation is needed concerning any of the enclosed information you may contact Mr. Jerry Brillheart, Personnel Officer, at FTS 966-2201.

John J. Lee

JOHN J. LEE
Medical Center Director

Enclosures

Wadsworth
Medical Center

Wilshire and
Sawtelle Boulevards
Los Angeles CA 90073

Veterans
Administration

October 15, 1981

In Reply Refer To: 691/05D

V.A. Central Office (11B)
810 Vermont Avenue, N.W.
Washington, D.C. 20420

SUBJ: Survey on Pay Related Matters for Selected Health Care Occupations
RCS- 11-229-S

1. Attached is the completed questionnaire concerning health care occupations as requested by Circular 10-81-191, dated September 17, 1981.

2. The recommendations indicated resulted from the combined efforts of Service Ropresentatives and my staff. We feel the conversion from Title 5 to Title 38 on the designated occupations will alleviate significant recruitment/retention problems in the respective occupations.

JESSE RAYMOND
Chief, Personnel Service

Encl

Medical Center

18111 Plummer Street
Sepulveda, CA 91343

Veterans
Administration

October 15, 1981

ACMD For Professional Services (11B)
Veterans Administration Central Office
810 Vermont Avenue, N.W
Washington, DC 20420

SUBJ: Survey on pay related matters for selected health occupations RCS 11-229-S

In response to DM&S Circular 10-81-191, the attached questionnaire is forwarded. In three instances (180, 185 and 630) the responses in the questionnaire regarding conversion to Title 38 were changed from that of the Service Chief. In these series, the services desired partial (180 + 630) or total (185) conversion to Title 38. After reviewing the summary of comparative criteria and discussing Title 38 and Title 5 advantages and disadvantages with the Chief of Staff, I do not concur that conversion would be preferable for the VA system.

RONALD L. NELSON
Director

Enclosure

In Reply Refer To: 665/05

EXHIBIT C

SURVEY OF COMMENTS

OF

CENTRAL OFFICE PROGRAM AND MANAGEMENT OFFICIALS

COMMENTS OF VA CENTRAL OFFICE PROGRAM AND MANAGEMENT OFFICIALS

Assistant Chief Medical Directors, VA Central Office Management and Program Officials adopted a conservative approach toward conversion to Title 38. They favored it only for those occupations which were demonstrably handicapped to a significant degree by Title 5 processes, and which could not be assisted by intermediary measures. These officials expressed concern that a conversion of a borad range of occupations would dilute Title 38's stature as a special personnel system and lead to its eventual dissolution.

The reluctance of this management group to consider a broad and comprehensive conversion of DM&S health care personnel to Title 38 was expressed in their written comments to the Task Force.

To quote one ACMD:

> "I have extremely mixed feelings relative to bringing other Title 5 categories under Title 38, as we have discussed. Should the LP/VN personnel be transferred to Title 38, it would only open the door for lobbying by other groups and pressure from labor unions to the extent that I fear Title 38 would be destroyed and become meaningless. It would infringe on many of OPM prerogatives and further isolate OPM from the VA. In the meantime, since we are making some headway in nursing personnel recruitment, I recommend no conversion of additional groups to Title 38, but consider payment of one-time and premium pay as appropriate."

Another ACMD wrote:

> "Although not specifically germane to the Impact Assessment Report, I am concerned about the potential dilution of the Title 38 system by the inclusion of too many positions. Although Section 117 of P.L. 96-330 sets no parameters on the numbers of positions which can be converted, we should exercise judicious discretion so as not to erode our credibility with Congress."

A more specific ACMD comment, with a cautionary approach to the problem:

> "I have reviewed the Task Force report prepared on the aspects on conversion of Title 5 to Title 38. Initially, I would recommend that LPN's, Medical Technologists, and X-Ray Technologists be considered by conversion. I do not believe we should jump into a "wholesale" conversion effort until we have a chance to examine the results of the initial conversions; i.e., has recruitment and retention improved?"

Another comment expressed concern for the loss of Title 5 outside remuneration:

> "It is my belief that where (if) patient care can be improved, recruitment and retention problems alleviated and employee morale improved, it is reasonable and appropriate to convert selected GS health care occupations to Title 38. Where this would require the discontinuation of outside remuneration activities for those affected by such a conversion, consideration must be given to a reasonable time period for transition so as not to impose hardship on the affected employees and their outside remunerations. Particularly, where patient care is an outside activity, the patient's well being must be considered."

A comment was received which considered some of the detailed problems which must be considered:

> "The opinion of...this service...is consistent with very limited, if any, conversion, and then only in areas where it is clear patient care will be positively affected by such a conversion.
>
> Recruitment of trainees in associated health professions and occupations at the professional level, for example, audiology and speech pathology, occupational therapy, pharmacy, physical therapy, psychology and social work, would certainly be facilitated if those professions were converted to Title 38. Currently, if trainees wish to accept staff positions in facilities wishing to hire them, the Office of Personnel Management procedures for Title 5 employees are cumbersome and time consuming. In contrast, Title 38 employees can be hired directly by the facility. Conversion to Title 38 would improve the recruitment potential of the majority of trainees in the associated health professions which allow a facility to more easily capitalize on the benefits of having such training programs. Recruitment of psychologists can be detered somewhat because full-time Title 38 employees cannot receive outside remuneration, for example, have a private practice. However, Psychology Service (16) is also very concerned about recent negative changes in the Office of Personnel Management procedures for Title 5 recruitment. In that regard, it was the opinion of that service that it would be a trade off.
>
> As indicated in the document which accompanied the (Task Force) memorandum, the disadvantages of converting to Title 38 may outweigh the advantages for the non-professional level of employee in, for example, the technician levels. Perhaps then these categories should remain in Title 5."

Finally, an ACMD comment on the improved management expected by release of OPM control on selected occupations in DM&S:

> "In a number of places, the Task Force impact report cites as disadvantages the increased responsibilities and work which would fall upon the VA as a result to Title 38 conversion. While in the immediate future, the transition would certainly create some problems, the long range advantages of greater freedom from Title 5 laws and implementing regulations as administered by OPM would afford the VA highly desirable increased management flexibility. Furthermore, placing greater varieties and numbers of VA employees partially or wholly under Title 38 would further the intentions of the Civil Service Reform Act of 1973 that Agencies experiment with personnel management and in general have greater freedom from central control than was the case in the past.
>
> The intermediate goal of Title 38 conversions would be to alleviate recruitment and retention difficulties among allied health care personnel by improving their pay and benefits. Manpower grants awarded under Title 38 U.S.C. 5091-5093 were also intended to accomplish this goal, although the means was different. The last grants awarded under Title 38 U.S.C. 5093 were designed to aid recruitment of nurses. These grants could be compared to the results, to date, of Section 4107(a)(1) pay scales which are also designed to recruit nurses and may be extended to other health care personnel as well."

Program Directors' opinions:

The program directors generally favor conversion of some occupations because it will remove them from dealing with the Office of Personnel Management. This would allow the field hospital to hire employees in a timely and less cumbersom manner, and improve locality pay problems. This generally reflects the opinions of local management for the same reasons.

EXHIBIT D

EMPLOYEE SURVEY

TABLE OF CONTENTS

EMPLOYEE OPINION SURVEY

INTERPRETATION OF EMPLOYEE OPINIONS ON BENEFITS GRANTED BY TITLE 38

DATA ANALYSIS OF EMPLOYEE SURVEY

FIGURES & TABLES:

- FIGURE 1. OPINION SURVEY ON APPOINTMENT PLANS 5 AND 38 - BEST SYSTEM OVERALL FOR RECRUITING
- TABLE 1. SUMMARY OF STUDY DESIGN CHARACTERISTICS FOR EMPLOYEE SURVEY
- TABLE 2. EMPLOYEES AND OCCUPATIONS SURVEYED
- FIGURE 2. SCOPE OF JOBS CONSIDERED FOR SURVEY OF EMPLOYEES
- FIGURE 3. FULL TIME TOTALS - DM&S EMPLOYEES
- FIGURE 4. JOB CATEGORIES WITH 1000-5000 PERSONS
- FIGURE 5. JOB CATEGORIES WITH 500-1000 PERSONS

SURVEY PACKAGE FOR MEDICAL CENTERS:

- INSTRUCTIONS FOR SURVEY COORDINATOR
- OPINION QUESTIONNAIRE & INSTRUCTIONS FOR EMPLOYEE
- COMPARISON OF PERSONNEL POLICIES UNDER TITLE 5 & TITLE 38
- CHIEF MEDICAL DIRECTOR LETTER

EMPLOYEE OPINION SURVEY

The basis for choosing which of the 300 or more General Schedule occupations should be studied by survey technique was determined by the results of the September 1981 study on the opinion of VA management officials. Those individuals surveyed included Central Office and field program chiefs, health care facility directors, Chiefs of Staff and VA Central Office personnel. Their input was gathered through questionnaires, formal opinion letters and testimonial letters from one hundred and sixty nine hospitals (169) and outpatient clinics in the Veterans Administration health care system (Appendix B).

Following analysis of the data obtained, the decision as to which occupations should be subject to a specific study was made with the approval of the Chief Medical Director, on the basis of DM&S priorities and in view of results obtained from management questionnaires.

This phase involved the format design of the employee questionnaire by VACO staff members knowledgeable in study design, with input from relevant experts (psychologists, statisticians, demographers, computer scientists) for the occupational specialities included in the study. The survey questionnaire design developed under the committee's guidance was submitted to the Chief Medical Director for final approval, then submitted for union clearance where indicated and, finally, utilized in a nation-wide distribution to employees in the 37 occupational titles listed in this Exhibit*. The employees to be surveyed were chosen from a random computer sample of 22,843 full-time non-supervisory staff. Each VA health care facility, within each of the 28 Medical Districts for 37 occupations determined to have recruitment or retention problems, was included in the nation-wide survey.

The nation-wide results for all 37 occupations are noted in Figure 1 of this Exhibit.

---

*Table 2, this Exhibit

INTERPRETATION OF EMPLOYEE OPINIONS ON BENEFITS GRANTED BY TITLE 38

Although it is unlikely to occur, the majority of employees surveyed perceived the benefits of Title 38 as a direct and immediate increase in improved pay and other financial benefits. The strongest negative reaction to the survey was the possible restriction of outside activities, i.e., the inability to maintain a second job in addition to their employment in the Veterans Administration. (See #6, "Other Benefits" in Comparison of Personnel Policies Under Title 5 and Title 38, this Exhibit).

The results uniformly showed for all occupations that the most restrictive areas of Title 38 were those portions of the law that might artifically restrict matters of outside remuneration or performance evaluations*. Most employees preferred Title 5 for these two aspects of employment.

Most employees preferred to be in Title 38 for the following aspects:

- Type of appointment
- Possible increase in basic salary
- Leave Administration System
- Incentive Award System

The Title 5 appointment process is controlled by OPM, and employees converted to Title 38 would be freed from those competitive service requirements imposed by the Title 5 process. A possible disadvantage to employees now on the rolls of the VA might be the additional benefits to newly employed persons, since new employees would benefit most, i.e., top earnings immediately upon appointment. Unless all employees in the same occupation are also converted, the new employee might benefit more than the long-standing employee with many years of faithful service.

The new employee under Title 38 appointment may also accumulate substantially more annual leave than the long term employee. The new employee may accumulate over 545 hours of leave, rather than the 240 hours granted under Title 5. This may also represent an enormous advantage in a lump sum payment on separation or retirement of an employee.

The results of the employee survey indicate that most employees perceived that having their grades based on personal qualifications rather than work assignments might enhance their opportunities for appointment and promotion.

They also perceived that promotions based on individual qualifications rather competition with others for a job opening at a higher level might provide the opportunity for faster promotion. The freedom from existing OPM classification standards might also result in improved grade levels for health care occupations.

*Questions 3 (Overtime and Premium Pay) and 6 (Other Benefits) of Employee Questionnaire, this Exhibit.

DATA ANALYSIS OF EMPLOYEE SURVEY

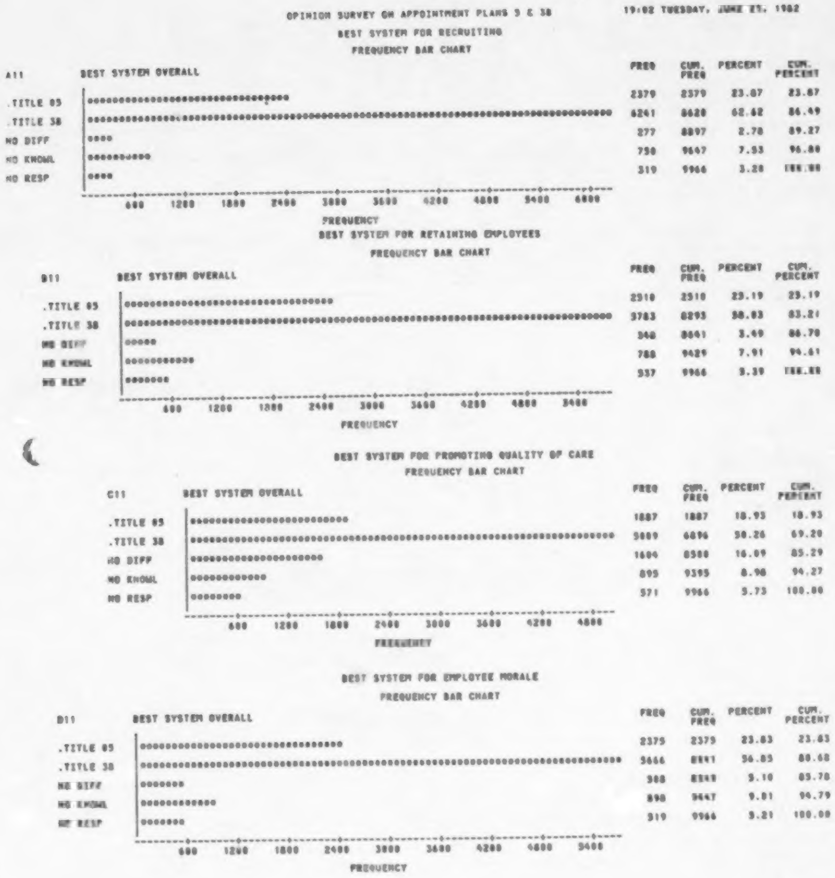
Methods for analysis of data included:

- o Data Processing Methods:
  - Key punching
  - Development of computer programs
  - Computer runs
  - Hand tabulation of data that could not be entered into a computer.

- o Statistical Analysis:
  - Selection of Size and Content of Sample - The task force consulted with statisticians on the management tolerance for sampling variation and desired confidence for the most critical cells, viz. (each Medical District). With these decisions, the task force advised the computer staff on desired sample sizes and methods of selection such as using digital sampling loops.
  - Method of Estimation - Due to the likelihood of adoption of a stratified non-proportional sample selection procedure, the statistician provided the appropriate unbiased estimation procedures for each of the table shells.
  - Method for Computing Standard Errors- Formulae for computing standard errors were developed for each Medical District for each occupation surveyed.
  - Substantive Analyses of the Data - Based on the employee responses and the data for the various tables (prior to Phase II distribution), the task force estimated the number of employees eligible and recommended:
    - o If the occupation has less than 100 employees in a specific occupation within a specific hospital, all non-supervisory employees in that occupation were surveyed.
    - o An occupation with more than 100 employees in that job title per hospital was surveyed at at least a 20% level by a computer generated random sampling technique, using the Central Office PAID file (master list of VA employees).

    The total number of non-supervisory employees to be surveyed within the 37 occupations chosen by the task force included 22,045 persons. This included all of the persons in both the 100% sample (See (1) above) and the 20% sample (See (2) above).
  - Control of Non-Sampling Errors or Possible Biases - There was need to control the problem of non-response and incomplete reporting. This was done in part, by computing the expected number of responses for each Medical District with the actual number of responses. Tests of significance to accomplish this control were carried out by the statistician. When significant non-response rates appeared, follow-up with the appropriate Central Office program chief was arranged to contact non-responding occupational categories within each VA Medical Center.

Figure 1



OPINION SURVEY ON APPOINTMENT PLANS 5 & 38 19:02 TUESDAY, JUNE 29, 1982

BEST SYSTEM FOR RECRUITING
FREQUENCY BAR CHART

A11 BEST SYSTEM OVERALL

	FREQ	CUM. FREQ	PERCENT	CUM. PERCENT
.TITLE 05	2379	2379	23.87	23.87
.TITLE 38	6241	8620	62.62	86.49
NO DIFF	277	8897	2.78	89.27
NO KNOWL	750	9647	7.53	96.80
NO RESP	319	9966	3.20	100.00

BEST SYSTEM FOR RETAINING EMPLOYEES
FREQUENCY BAR CHART

B11 BEST SYSTEM OVERALL

	FREQ	CUM. FREQ	PERCENT	CUM. PERCENT
.TITLE 05	2510	2510	25.19	25.19
.TITLE 38	5783	8293	58.03	83.21
NO DIFF	348	8641	3.49	86.70
NO KNOWL	788	9429	7.91	94.61
NO RESP	537	9966	5.39	100.00

BEST SYSTEM FOR PROMOTING QUALITY OF CARE
FREQUENCY BAR CHART

C11 BEST SYSTEM OVERALL

	FREQ	CUM. FREQ	PERCENT	CUM. PERCENT
.TITLE 05	1887	1887	18.93	18.93
.TITLE 38	5009	6896	50.26	69.20
NO DIFF	1604	8500	16.09	85.29
NO KNOWL	895	9395	8.98	94.27
NO RESP	571	9966	5.73	100.00

BEST SYSTEM FOR EMPLOYEE MORALE
FREQUENCY BAR CHART

D11 BEST SYSTEM OVERALL

	FREQ	CUM. FREQ	PERCENT	CUM. PERCENT
.TITLE 05	2375	2375	23.83	23.83
.TITLE 38	5666	8041	56.85	80.68
NO DIFF	508	8549	5.10	85.78
NO KNOWL	898	9447	9.01	94.79
NO RESP	519	9966	5.21	100.00

TABLE 1

SUMMARY OF STUDY DESIGN CHARACTERISTICS FOR EMPLOYEE SURVEY

Basic Unit	Job Attributes
Sampling Unit	A group of jobs with similar functions in VA Medical Centers
Number of Hospitals Responding to Employee Survey	188 VAMC and Outpatient Clinics
Population Size (Universe)	44,843 Employees in 37 Occupations
Occupational Titles Studies	37 General Schedule Occupations in DM&S
Time Changes in Population	Adjusted from end FY 81 to 1st Qtr. 82
Sampling Frame (Employee Survey)	22,045 randomly selected full-time, non-supervisory employees, chosen by computer from PAID file (beginning with 2nd employee in each PAID file occupational category, then every 5th employee Criteria: If the job category in each Medical Center had less than 100 full-time, non-supv., empl., all were surveyed in that VAMC If the job category in each VAMC had more than 100 full-time, non-supv. employees, at least 20% were sampled, and, in most cases, 50% were sampled.
Corrected Response Rate	9955 full-time non-supervisory employees who returned questionnarires.
Critical Geographic Cell	Each VA Medical District (28 in U.S.)
Questions to be Answered	Difficulties in recruitment, retention, morale and quality of care.
Classification & Coding System	OPM Occupational & Series Codes
Approach to Quantifying Universe	Cumulative totals of employees for each occupation by VAMC, by Medical District.
Matrix Design	Questions on Sampling Forms
Mgmt. Decision on Critical Cell	Each Medical District
Mgmt. Decision on desired confidence/risk	Selected at 90% Level

Table (2)

TOTAL FULL TIME

EMPLOYEES AND OCCUPATIONS SURVEYED

Public Law 96-330, Section 117

PART II

	Occupations	Number of Full Time Non-Supervisory Employees in DM&S +
1.	Chaplain (0060-02)	367
2.	Psychologist (0180-02)	325
	Clinical Psychologist (0180-03)	749
	Counseling Psychologist (0180-07)	378
3.	Social Worker (0185-04)	2,569
4.	Microbiologist (0403-02)	195
5.	Biological Aid (0404-03)	38*
	Biological Laboratory Technician (0404-04)	369
	Biological Laboratory Technician/Animal (0404-05)	204
	Biological Technician (0404-06)	8*
	Biological Laboratory Technician/Biochemical (0404-08)	183
	Biological Aid/Animal (0404-09)	58*
	Biological Aid/Biochemical (0404-11)	4*
	Biological Aid/Microbiological (0404-13)	4*
	Biological Laboratory Technician/Microbiological (0404-15)	54*
6.	Blind Rehabilitation Specialist (0601-08)	92*
7.	Nuclear Medicine Technologist (0601-13)	124
8.	Nursing Assistant (0621-02)	13,162
	Operating Room Nursing Assistant (0621-05)	590
	Psychiatric Nursing Assistant (0621-08)	7,078
	Nursing Aid (0621-14)	257
	Psychiatric Nursing Assistant/Drug Abuse (0621-15)	39*
9.	Licensed Practical Nurse (0621-12)	6,963
	Licensed Vocational Nurse (0621-13)	1,160
10.	Dietitian (0630-18)	968
11.	Occupational Therapist (0631-02)	536
12.	Physical Therapist (0633-02)	532
13.	Nuclear Medicine Technician (0642-03)	278
14.	Medical Technologist (0644-02)	2,817
15.	Medical Laboratory Aide (0645-06)	104
16.	Cytology Technician (0646-01)	41*
17.	Histopathology Technician (0646-02)	282
18.	Diagnostic Radiology Technician (0647-11)	319
	Diagnostic Radiology Technician (0647-12)	1,314
19.	Therapeutic Radiology Technician (0648-14)	8*
	Therapeutic Radiology Technician (0648-15)	49*
20.	Cardiac Catherization Technician (0649-04)	110
21.	Heart-Lung Machine Technician (0649-06)	22*

+ As of Sept. 30, 1981

22.	Inhalation Therapy Technician (0649-08)	954
23.	Hemodialysis Technician (0649-14)	287
24.	Pharmacist (0660-02)	1,801
25.	Restoration Technician (0664-12)	21*
26.	Audiologist (0665-02)1	139
	Audiologist/Speech Pathologist (0665-05)	52*
	Speech Pathologist (0665-18)	169
27.	Orthotist (0667-02)	67*
	Orthotist/Prosthetist (0667-12)	72*
	Prosthetist (0667-22)	20*
28.	Prosthetic Representative (0672-05)	68*
29.	Dental Hygienist (0682-02)	140
30.	Health Technician/Ultrasound (0699-01)	28*
31.	Health Technician/Opthalmology (0699-16)	45*
32.	Echocardiograph Technician (0699-19)	4*
33.	Orthopedic Technician (0699-21)	14*
34.	Rehabilitation Technician ALC/DRUG (0699-34)	99*
35.	Veterinarian (0701-03)	6*
36.	Health Physicist (1306-02)	27*
37.	Chemist (1320-08)	221

* 100% Survey

DM&S Total	44,843
Employees Surveyed	22,045
Employee Response	11,808

Figure 2

Scope of Jobs Considered for Survey of Employees

Patient Care	Education and Experience
Direct	No Formal Education No Experience Largest Number of Employees (20,000 +) Minimum Formal Education
Direct & Indirect	Moderate - Great Formal Education and Experience Vast Number of Technical Persons
Indirect	Professional Background & Education Large Number of Persons in These Categories

Figure 3

FT Total DMS

209,558 (as of 3/31/81)

209,478 as of 9/30/81

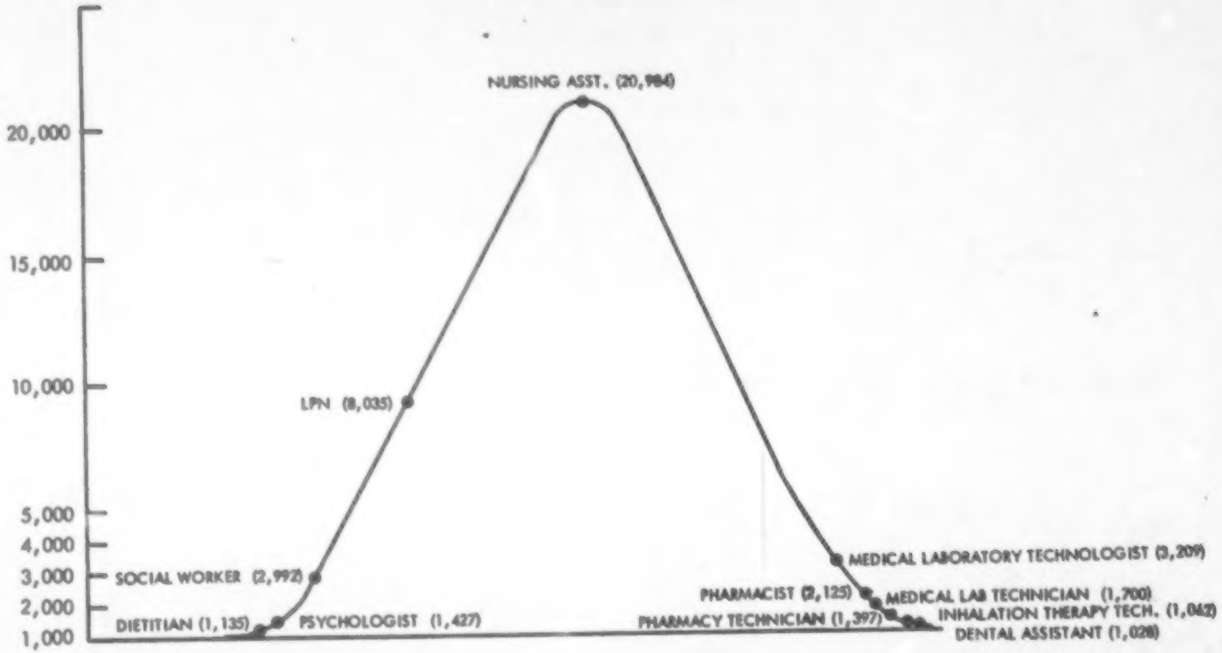


Figure 4

Job Categories With 500 - 1,000 Persons

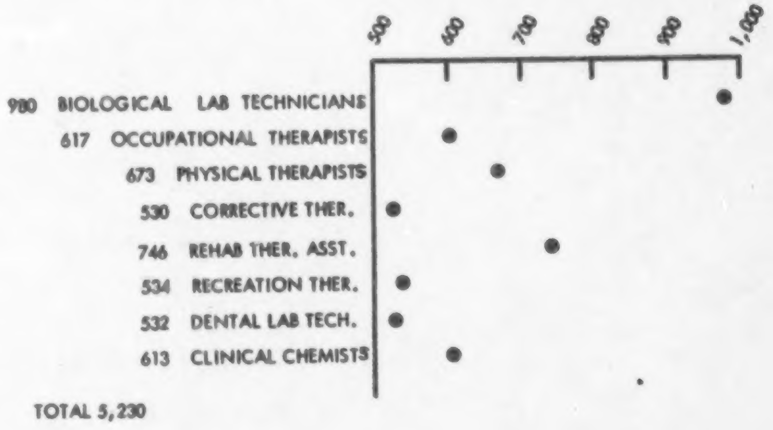
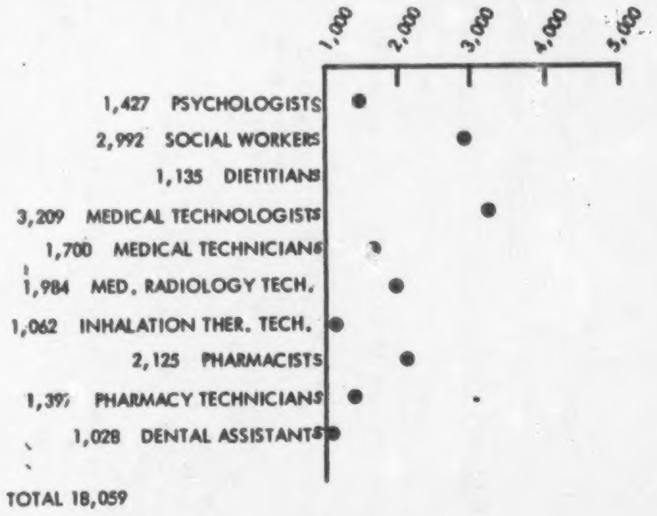


Figure 5

Job Categories With 1,000 - 5,000 Persons



Enclosure 1

PUBLIC LAW 96-330, SECTION 117—PROPOSED CONVERSION OF SELECTED GS HEALTH-CARE OCCUPATIONS TO TITLE 38

Instructions for Survey Coordinator *

The Survey Coordinator is being requested to:

- Check to assure that all materials listed as enclosures to the CMD letter have been received. Additionally, check to assure that the employee name listing and two sets of labels are enclosed.
- Reproduce Opinion Questionnaire orientation and survey sheets and comparison materials in sufficient quantity to meet local needs; assemble all materials necessary for conduct of the survey. Stuff envelopes with material and affix label for distribution to employees.
- Assure that local management has met its labor relations responsibilities with regard to this opinion survey. This would include advance notice to the exclusive representative, as well as an opportunity to attend the meeting held with bargaining unit employees.
- Schedule a meeting of available employees identified in the random sample to explain the nature and purpose of the survey. Also, explain that participation in this opinion survey is voluntary.
- Discuss the accompanying materials regarding the Opinion Questionnaire (explain the completion of items 1, 2 and 3, and provide codes to employees). Maintaining a neutral position, go over and highlight the Comparison of Personnel Policies under Title 5 and Title 38.
- Discuss the following issues during the meeting with participating employees:
    - Will there be a loss of bargaining rights?

      There is no intention of depriving employees converted to Title 38 from Title 5 of any bargaining rights.
    - Will employees receive higher pay under Title 38?

      Although some employees may receive higher pay under Title 38, there is no guarantee that conversion will automatically result in a pay increase.
    - Examples of advantages/disadvantages of conversion from Title 5 to Title 38.

      Refer employees to the Comparison of Personnel Policies under Title 5 and Title 38 (Enclosure 4).

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* Survey Coordinator may direct any questions to Eleanor M. Travers, M. D., 389-2348.

Instructions for Survey Coordinator (cont'd.)

-- Have there been other similar conversions and how have they worked?

  Optometrists, Podiatrists, Physician Assistants, and Expanded Function Dental Auxiliaries were converted to Title 38 in recent years. Indications are that both employees and management are satisfied with the results of these conversions.

-- What method was used to identify employees who are being asked to respond to the questionnaire?

  Basically, employees were chosen at random. However, if an employee is in an occupation having fewer than 100 employees in the Veterans Administration, all employees in that occupation will receive questionnaires.

o Answer any questions from survey participants; resolve any problem locally consistent with instructions and good personnel management practices.

o Accord employees the opportunity to complete the questionnaire at the orientation meeting, at the employees' work sites, or at the employees' homes.

  -- Employees electing to complete the questionnaire during their normal duty hours will be in a duty status.

  -- Employees shall be given the opportunity to meet with their union steward(s) to discuss matters concerning the questionnaire prior to their election to participate.

  -- Special arrangements may be made locally to accommodate those on shift work or on leave.

  -- If the Opinion Questionnaire is not completed at the orientation meeting, employees should be advised to return the completed questionnaire in a sealed envelope to the Survey Coordinator within two administrative workdays. Provide envelope to employees with "Personnel Officer (05)" label affixed.

o Mail all Opinion Questionnaires in their individual sealed envelopes to reach VACO (113) not later than April 9, 1982.

Enclosure 2

OPINION QUESTIONNAIRE

The purpose of this questionnaire is to ask for your opinions as to whether the law under which your personnel policies are determined should be changed. Currently, your personnel policies, such as leave benefits, performance awards, and pay are determined by the law referred to as Title 5. This law covers most General Schedule and Wage Grade employees in the Federal government. Congress has directed the Veterans Administration to conduct a study to determine if you and other employees in certain types of health-care occupations should be switched to the coverage of the law referred to as Title 38, in order to help improve patient care, alleviate recruitment and retention problems, and improve employee morale. Title 38 is the law that provides the personnel policies for, among others, physicians, dentists and registered nurses.

There are many differences between the Title 5 and Title 38 personnel systems. A comparison of these personnel systems is explained in the attachment. The comparison is general and certain specific provisions common to both systems have been omitted for the purposes of the questionnaire. Please read the comparison and then check a square in each of the corresponding categories on the questionnaire that best reflects your opinion. Your answers to this questionnaire will be kept anonymous and strictly CONFIDENTIAL.

We strongly urge you to take advantage of the opportunity to participate in this important study. It is an opportunity for you, personally, to have a say in the way government works.

OPINION QUESTIONNAIRE ON PREFERENCE FOR TITLE 5 or TITLE 38

1. Enter the 3 digit code for your facility ___:___:___ (cc 1-3)
2. Enter the 4 digit code for your job code(GS) 0 :___:___:___ (cc 4-7)
3. Enter your own job title: ____________________

INSTRUCTIONS	A. Which system is best for RECRUITING new employees?					B. Which system is best for keeping or RETAINING employees?					C. Which system best promotes QUALITY OF CARE for veterans?					D. Which system is best for EMPLOYEE MORALE?				
To the right there are four questions. Check one box under each question for each category listed below.	1	2	3	4		1	2	3	4		1	2	3	4		1	2	3	4	
Comparison Categories:	Prefer Title 5	Prefer Title 38	No Difference	Don't Know		Prefer Title 5	Prefer Title 38	No Difference	Don't Know		Prefer Title 5	Prefer Title 38	No Difference	Don't Know		Prefer Title 5	Prefer Title 38	No Difference	Don't Know	
1. Type of Appointment					8					9					10					11
2. Basic Salary Rates					12					13					14					15
3. Overtime & Premium Pay					16					17					18					19
4. Hours of Duty					20					21					22					23
5. Leave					24					25					26					27
6. Other Benefits					28					29					30					31
7. Awards					32					33					34					35
8. Disciplinary Actions					36					37					38					39
9. Performance Evaluations					40					41					42					43
10. Merit Pay(If Applicable)					44					45					46					47
11. Which System Is Best Overall?					48					49					50					51

12. If you have additional comments or recommendations use the reverse side of this questionnaire for your comments.

COMPARISON OF PERSONNEL POLICIES
UNDER TITLE 5 AND TITLE 38

Instructions: Below there are ten categories that compare the personnel policies under Title 5 and for Title 38 Nurses. These categories match the sequence of the categories on the opinion questionnaire form. Read one category and make your response on the questionnaire before going to the next category. Be sure to mark one box for each of the four questions on each category. If you have any questions please ask before proceeding.

	Title 5 Employees	Title 38 Nurses
1. Appointment	Individuals are normally hired (appointed) through the civil service examining system administered by the OPM (Office of Personnel Management). However, appointments of eligible persons may be made outside this competitive system based upon certain special appointment authorities administered by the OPM.	Individuals apply directly to the VA. Their qualifications are then reviewed by a VA established Professional Standards Board.
	The grade of the positions is established prior to recruitment based upon an analysis of the duties and responsibilities assigned in comparison with the appropriate civil service classification standard.	The grade is based on evaluation of the individual's qualifications as compared to minimum qualification requirements established by the Administrator for each grade. Employees are appointed to the highest grade for which they are qualified.
	The appointee's basic pay rate is set at the minimum step of the grade to which appointed.	The employees basic pay rate is set at the minimum step of the grade for which qualified except that the rate may be set at any step of the grade (1-10) in recognition of superior qualifications, experience, or achievement exceeding the expected standards for the grade.
	Also, employees at GS-11 and above may be approved for steps above the minimum based on their superior qualifications.	(Examples: (a) special competence in profession; (b) education exceeding requirements for the grade, and (c) eligibility for certification by an appropriate professional organization).

	Title 5 Employees	Title 38 Nurses
	Employees are normally required to serve a 1-year probationary period during which time the employee's service is reviewed. If it becomes apparent, during the probationary period, that the employee's conduct, general character traits, or capacity do not fit him or her for satisfactory service, action must be to intiated separate the employee.	The employee is normally required to serve a 2-year probationary period, during which time employee's service is reviewed. If deficiencies are noted a formal review is conducted by a Professional Standards Board. The employee has the right to present his/her reasons why he/she should not be terminated prior to a decision being made to terminate the employee.
Basic Salary Rates	Rates of pay under the General Schedule system are primarily based upon equal rates of pay for equal levels of responsibility.	The employee is paid a basic rate at the grade and step rate on the Title 38 pay schedule prescribed by law for the occupation involved.
	The grade level is determined by comparing the employee's duties and responsibilities to established guidelines (classification standards).	The pay at different grade levels is linked to the pay at grade levels in other Federal pay systems. In other words, the duties and responsibilities of the position to which Title 38 employees are assigned at a particular grade level would generally equate to those duties and responsibilities performed by GS employees at the equivalent GS grade level.
	An employee receives a within-grade increase upon completion of the appropriate waiting period if there has been no "equivalent increase in compensation" and on determination that the employee is performing at an "acceptable level of competence". The appropriate waiting period is 52 weeks for steps 2-4, 104 weeks for steps 5-7, and 156 weeks for steps 8-10.	An employee receives a within-grade increase every 104 weeks if there has been no "equivalent increase in compensation" during that period and on a determination that the employee's work has been at an "acceptable level of competence". For Junior grade nurses and Associate grade nurses, the waiting period is 52 weeks from Step 1 to Step 2; and from step 2 to 3, and 104 weeks thereafter.

iodic step increases do not apply to Merit Pay employees (GS-13 through GS-15 managers and supervisors).

	Title 5 Employees	Title 38 Nurses
3. Overtime and premium pay	Employees receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). They may generally request compensatory time off in lieu of overtime pay, but employees with pay rates in excess of GS-10, step 10, are required to take compensatory time off unless overtime pay is approved by the appropriate VACO official. Employees also receive holiday pay (double-time for regular hours, time-and-a-half for overtime), Sunday pay (25%) and standby premium pay (up to 25%). Non-exempt General Schedule employees are also subject to the provisions of the Fair Labor Standards Act. For evening and night work, employees receive 10% for only those hours actually falling between 6:00pm and 6:00am.	Employees receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). They may be granted compensatory time off in lieu of overtime pay only if voluntarily requested by the employee. The overtime rate may not exceed the rate for the first step of nurse Intermediate grade. Employees also receive holiday (double time for both regular hours and overtime where applicable), Sunday work (25%) and on-call status (10% of overtime rate). For evening and night work, employees receive 10% for all scheduled hours, as long as 4 or more hours of the tour fall between 6:00pm and 6:00am. Otherwise, employees receive the differential pay for those hours falling between 6:00pm and 6:00am.
4. Hours of Duty	Normal 40 hour, 5 day workweek.	Normal 40 hour, 5 day workweek.
5. Leave	Earns Annual Leave as follows: (1) 13 workdays a year for employee with less than 3 years of service; (2) 20 workdays a year for employee with at least 3 but less than 15 years of service, except that 10 hours will be earned for last full bi-weekly pay period; and (3) 26 workdays a year for employees with 15 or more years of service. There is a 240-hour AL carryover limit.	Earns 26 workdays of Annual leave per year. There is a 685-hour AL carryover limit.

	Title 5 Employees	Title 38 Nurses
Leave Continued	Earns 13 workdays of sick leave per year	Earns 13 workdays of sick leave per year
	Administrative leave: May be excused from duty with pay under other circumstances which generally apply to other VA employees (e.g., training or attendance at meetings and conferences, voting, bad weather blood donations, etc.)	SAME
6. Other Benefits	Employees receive similar benefits: service retirement; health insurance life insurance; payment of travel and transportation and malpractice protection.	SAME
	Outside Professional Activities: Management approval is not required for outside paid activities as long as activities are not prohibited by law or regulation (e.g., conflict of interest).	Outside Professional Activities: Management approval required for any paid professional activities. Patient care is generally prohibited. Other types of activities, such as teaching and consultation, can be approved provided established criteria are met.

	Title 5 Employees	Title 38 Nurses
7. Awards	Quality Increase General Schedule employees may receive a Quality Increase (QI) which is an additional within-grade pay step. It is given in recognition of sustained high quality performance at a level that substantially exceeds an acceptable level of competence and can be expected to continue at the high level. NOTE: Merit Pay Employees will not be entitled to QI's after October 4, 1981	Special Advancement for Performance An employee who has demonstrated a sustained high level of performance and professional competence over and above that normally expected may be considered for a 1-step within-the-grade Special Advancement for Performance, not to exceed the maximum for the grade, at any appropriate time within any period of 52 weeks. The advancement shall not be regarded as an equivalent or in lieu of a periodic step increase. No more than one such advancement may be granted in any single 52-week period.
	Special Achievement Awards An individual employee or group of employees may receive a Special Contribution Award based on contributions of a one-time occurrence, connected with or related to official employment. An individual employee may receive a Superior Performance Award, which is a one-payment cash award granted for sustained superior performance over a specific period of time. These awards are granted under the Incentive Awards Program.	Special Achievement Awards These employees may receive Special contribution Awards on the same basis as General Schedule employees. Superior Performance Awards may be granted to those employees who are at the top step of their grade or pay category. These awards are granted under the Incentive Awards Program. Special Advancement for Achievement These employees may receive a Special Advancement for Achievement of additional steps within the grade for professional achievement.
	Honor Awards Employees are eligible for the honor awards available under the Incentive Awards Program except for those awards specifically designated for certain types of employees (i.e., Administrator Hands & Heart Award, Samuel Rose Awards etc.)	SAME
	Suggestion Awards Employees are invited to submit suggestion under the provisions of the Incentive Program and are eligible for cash awards for ideas adopted under this pro-	SAME

	Title 5 Employees	Title 38 Nurses
8. Disciplinary Actions	The following procedures generally apply to employees who have completed their probationary period. These procedures apply to charges of misconduct and/or unacceptable performance for the following actions: removal, reduction in grade or pay, suspension over 14 days. Before any action is taken, a preliminary inquiry is made at the facility to determine the facts and whether action is appropriate. If removal, demotion or suspension is determined to be appropriate such action is proposed in writing. Unacceptable performance cases require: 30 days advance written notice, identifying the specific instances of unacceptable performance of a critical element of the employee's postion; a reasonable time to reply orally and in writing; right to representative; a written decision (by the facility Director for noncentralized positions). Before any action may be taken, employee must be informed of his/her job's performance standards and critical elements, and must be given an opportunity to improve performance. Misconduct cases require 30 days advance written notice, specifying the reasons; at least 7 days to respond orally and in writing; right to representation; written decision (by facility Director for noncentralized positions). If such action is taken, the employee may appeal the decision to the Merit Systems Protection Board (an independent agency that decides employee appeals). The employee is entitled to a hearing	The [illegible]ng procedures apply to employee[illegible] with permanent status (those who have completed their probationary period) concerning charges of inaptitude inefficiency, or misconduct: - A Preliminary inquiry is made at the facility and submitted to the Chief Medical Director for review. - If discharge, demotion, or suspension is requested, the request is evaluated by a VACO Screening Committee for the Chief Medical Director. - If the Screening Committee recommends disciplinary action more severe than reprimand and CMD concurs, the Screening Committee prepares a letter of charges. - The Employee is notified of the proposed action and the reasons for it. He or she may make a written statement and appear before a VACO Disciplinary Board. The employee may be represented by counsel or other person. - The Chief Medical Director acts on recommendation of the Disciplinary Board. - If disciplinary action is more severe than admonishment, the action may be appealed to the Administrator.

	Title 5 Employees	Title 38 Nurses
Disciplinary Actions Continued	and may be represented by counsel or other person. If the employee is covered by a union contract so providing, the employee has the option of appealing through negotiated grievence procedure (arbitration). Decision by MSPB or arbitrator is final.	
	Employees may also be admonished, reprimanded or suspended for less than 14 calendar days. These lesser disciplinary actions may be appealed under the grievance procedure where there is an inquiry but no right to hearing.	Employees may be admonished and reprimanded. Such a disciplinary action may be appealed by employees with permanent status. In appealing a reprimand, the employee is entitled to a hearing.
	Grievances: All employees can generally grieve matters of concern or dissatisfaction, with certain exceptions, with right to representation. Employee must first pursue the grievance informally at the lowest supervisory level possible. If not satisfied with the decision at the informal level, the employee may file a formal grievance inquiry (not hearing). An official at the appropriate level makes a decision following the inquiry. Employee has no further right of appeal.	Grievances Permanent employees and those who have completed their first year of probationary service can generally grieve matters of dissatisfaction, with certain exceptions with the right to representation at any stage of the grievance. Employee may present grievance to supervisor for discussion. If the employee is not satisfied with the decision following the informal stage, he or she may request a formal hearing. An official at the appropriate level makes a decision following the hearing. Employee can appeal the decision to the Chief Medical Director or the Administrator.
	Employees may only use this procedure when the matter is not covered by a negotiated grievance procedure contained in a labor/management contract.	Employees may only use this procedure when the matter is not covered by a negotiated grievance procedure contained in a labor/management contract.

	Title 5 Employees	Title 38 Nurses
9. Performance Evaluation	Merit Pay employees (GS-13-15 managers and supervisors) and service chiefs receive an annual performance appraisal as of July 30 of each year. All others receive this appraisal as of April 30 of each year. Under a new performance appraisal system required by the Civil Service Reform Act, the employee is rated "Outstanding", Highly Satisfactory", "Fully Satisfactory", "Minimally Satisfactory"or "Unsatisfactory". Application of the appraisal system is grievable.	Employee receives a Proficiency Report annually on the anniversary date of employment. Also, special reports are prepared as appropriate (e.g., prior to a probationary or Disciplinary Board Review). Under a new proficiency rating system, employees, other than nurses, are rated either "Excellent", "High Satisfactory", or "Satisfactory", "Low Satisfactory", or "Unsatisfactory". These ratings are not grievable or appealable.
10. Merit Pay (If applicable)	Merit Pay Employees (GS-13 through GS-15 managerial and supervisory) are ineligible to receive within-grade increases or quality step increases (effective in VA 10/4/81). They will receive at least 50% of the annual comparability increase (or such higher amount as determined by the Office of Personnel Management) automatically. The remainder of the comparability along with the amount representing the within-grade and quality step increases which would have otherwise gone to the Merit Pay pool. The pool is then distributed to the Merit Pay employees based on the employee's annual performance rating. For all matters other than increases to basic pay, Merit Pay employees are treated the same generally as General Schedule employees.	Not applicable.

Department of Medicine and Surgery
Washington D.C. 20420

Veterans Administration

IL-10-82-9
In Reply Refer To: 113

MAR 30 1982

CHIEF MEDICAL DIRECTOR'S LETTER

TO : Directors of VA Medical Center Activities, Domiciliary, Outpatient Clinics, and Regional Offices with Outpatient Clinics

SUBJ: Proposed Conversion of Selected General Schedule Health-Care Occupations to Title 38

1. Public Law 96-330, Section 117, directs the Veterans Administration to conduct a study to determine which, if any, DM&S General Schedule health-care occupations should be converted to Title 38. As part of this study, a non-supervisory employee Opinion Questionnaire has been developed for completion by randomly selected employees at your facility. The employees' opinions will be reflected in a report to Congress.

2. The facility Personnel Officer should be designated as Survey Coordinator. Enclosed are instructions for his/her use in the orientation of participants and conduct of the survey.

3. Employee participation in this survey is voluntary. Duty hours may be made available to complete the questionnaire. The Survey Coordinator, or designee, should return the responses to DM&S Pathology Service (113), Central Office, to arrive no later than April 9, 1982. Local facilities should meet their labor relations responsibilities when implementing this survey.

4. Your interest and cooperation in completing this survey are appreciated. If further information is desired, please contact Eleanor M. Travers, M. D., FTS: 389-2348.

DCustis MD

DONALD L. CUSTIS, M. D.
Chief Medical Director

Enclosures
1 Instructions for Survey Coordinator
2 Introduction to Opinion Questionnaire for Employees
3 Opinion Questionnaire on Preference for Title 5 or Title 38
4 Comparison of Personnel Policies Under Title 5 and Title 38
5 Name Listing of Employees to be Surveyed and Labels

EXHIBIT E

LABOR ORGANIZATION COMMENTS

TABLE OF CONTENTS

COMMENTS OF NATIONAL UNIONS HAVING CONSULTATION RIGHTS WITH VA EMPLOYEES

LETTERS FROM UNIONS:

- AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
- NATIONAL FEDERATION OF FEDERAL EMPLOYEES
- NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES

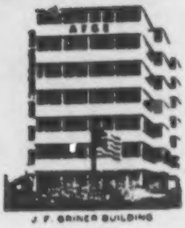
COMMENTS OF NATIONAL LABOR UNIONS

HAVING CONSULTATION RIGHTS WITH VA EMPLOYEES

The three labor organizations which were surveyed generally did not favor conversion to Title 38. Although it is perceived as a personnel system with greater prestige, flexibility, and ability to reward employees, the potential loss of outside remuneration upon conversion to Title 38 was a major reservation.

Further concerns were the possible loss of various protections afforded to employees by Title 5 competitive service appointments.

Letters from the major unions which represent VA Medical Center employees appear in the following pages.



J. F. GRINER BUILDING

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

AFFILIATED WITH THE AFL-CIO

KENNETH T. BLAYLOCK
NATIONAL PRESIDENT

JOSEPH D. GLEASON
EXECUTIVE VICE PRESIDENT

NICHOLAS J. NOLAN
NATIONAL SEC.-TREAS.

1325 MASSACHUSETTS AVE., N.W. · WASHINGTON, D. C. 20005
Telephone: (202) 737-8700

IN REPLY PLEASE REFER TO

12i/VA

February 1, 1982

Mr. Michael Rudd
Assistant Deputy Administrator
for Personnel and Labor Relations
Veterans Administration
Washington, D. C. 20420

Dear Mr. Rudd:

In response to your January 12, 1982 letter to our office, we wish to register the following observations concerning the conversion of some Health Care Professionals from Title 5 to Title 38.

At this time, we suggest that if or when the pending conversion comes to fruition, a union management procedure should be established to determine if the conversion has actually mitigated those problems of recruitment, retention, and low employee morale which now plague some Health Care Professionals.

The procedure should also allow for positions to be converted back to Title 5 if the aforementioned problems have not been resolved.

We wish to make no further comments at this time and we would appreciate your office forwarding to us a copy of your report to Congress.

Sincerely,

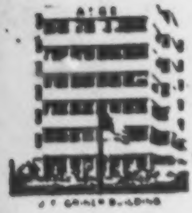
John W. Mulholland

John W. Mulholland, Director
Labor Management Services Department

JR/lmm

cc: Artie Pierce
VA Council President

TO DO FOR ALL THAT WHICH NONE CAN DO FOR ONESELF



AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

AFFILIATED WITH THE AFL-CIO

KENNETH T. BLAYLOCK, NATIONAL PRESIDENT
JOSEPH D. GLEASON, EXECUTIVE VICE PRESIDENT
NICHOLAS J. NOLAN, NATIONAL SEC.-TREAS.

1325 MASSACHUSETTS AVE., N.W. · WASHINGTON, D. C. 20005
Telephone: (202) 737-8700

IN REPLY PLEASE REFER TO
121/VA

December 9, 1981

Mr. Ronald Coles
Director
Labor Management & Employees
Relations Services
Veterans Administration
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Mr. Coles:

As you are aware, on December 2, 1981, Joann Riggs of our staff and Charles Kelly of your office met to discuss the proposed questionnaire that was developed as a result of Public Law 96-330. According to Mr. Kelly, VA Central Office is interested in polling a sample of it's Title 5 employees to get their opinion on the conversion of Title 5 personnel to that of Title 38.

We have reviewed, carefully, the questionnaire as well as the backup material that accompanies the questionnaire. As the questionnaire appears to have impact on the employee's conditions of employment as defined in Section 7103.14 of the Statute, the union wishes to negotiate over the content implementation and possible impact of the questionnaire. Attached are the union's proposals on the instant matter.

Sincerely,

John W. Mulholland, Director
Labor Management Services Department

JR/wp

TO DO FOR ALL THAT WHICH NONE CAN DO FOR ONESELF

ARTICLE 1

Management Questionnaire

Section 1. Prior to implementing the questionnaire, management will inform the union at the National Council level of the specific advantages of converting Title 5 employees to Title 38. The advantages addressed must cover such areas as pay, recruitment and retention, employee moral and patient care. The advantages should be attributable to documented facts.

Section 2. The union and management will jointly determine those employees to be surveyed.

Section 3. Prior to conducting the survey at the local level, management will meet its labor relations responsibilities concerning the survey. This will include, but not be limited to, advance notice to the exclusive representative.

Prior to distributing the questionnaire, management will meet with participating employees to explain to them the difference of working under Title 5 and Title 38. A local union representative will be present at this briefing. Management will also inform employees that participation in the questionnaire is voluntary.

A. Before an employee elects to participate in the questionnaire, he or she shall be given the right to meet with their union steward to discuss questions concerning the questionnaire.

Section 4. Employees will be allowed to complete the questionnaire at the orientation meeting, at the employee's work site, or at home. Those employees electing to participate in the questionnaire during their normal duty hours shall be in the duty status.

Section 5. The questionnaire shall be append to the back of the enclosure (#4) which compares the personnel policies of both Title 5 and Title 38.

Section 6. AFGE reserves the right to alter, amend or modify its proposal at any time prior to agreement.

NATIONAL FEDERATION OF FEDERAL EMPLOYEES

JAMES M. PEIRCE • PRESIDENT
ABRAHAM ORLOFSKY • SECRETARY TREASURER

SERVING THE FEDERAL EMPLOYEE SINCE 1917

1016 16th St., N.W. WASHINGTON, D.C. 20036 PH: 202-862-4400

In reply refer to: VA-ET-82

January 28, 1982

Mr. Michael Rudd
Assistant Deputy Administrator for
Personnel and Labor Relations
Veterans Administration
Washington, D.C. 20420

Re: 058

Dear Mr. Rudd:

I thank you for this opportunity to comment on the conversions of Title 5 to to the coverage of Title 38.

It is the position of the National Federation of Federal Employees that even given some limited gains in benefits under Title 38, employees are more secure in their positions if they remain under Title 5. Also, given the fact that the Veterans Administration can offer the overtime and premium pay to employees covered under Title 5 on the same basis as is offered to Title 38 nurses, VA and its employees would both benefit if the agency offered the greater incentives of the two titles to the employees without erasing the protection rights guaranteed to employees under Title 5. That situation, of course, works only when the overtime and premium pay under Title 38 would better compensate the employees than does the overtime and premium pay granted by Title 5. Those situations are determined locally.

From the responses of our membership who have questioned the recent VA questionnaire on conversion, there are two major areas for objections. One area concerns protection; employees would no longer be able to present an appeal to the Merit Systems Protection Board, and they would be caught up in the dispute on whether Title 38 employees may choose between their negotiated grievance procedure or the agency's Title 38 grievance procedure. These employees do not want to be forced into the agency grievance procedure. The second major objetion is that under Title 38, outside professional activities are sharply curtailed.

Vice Presidents: Region 1, Paul C. McHaugh, Woburn, Mass. • Region 2, J. Richard Hall, New York, N.Y. • Region 3, A. B. Reynolds, Panama City, Fla. • Region 4, Roy K. Sinclair, Houston, Tex. • Region 5, Prospero (Pros) Chavez, Albuquerque, N.M. • Region 6, Marlene Stelloo, Vista, Cal. • Region 7, Albert W. Lampton, Richland, Wash. • Region 8, Gary W. Rhine, Independence, Mo. • Region 9, Charles B. Smith, Cincinnati, Ohio

This curtailment generally prohibits outside patient care and requires agency approval for teaching, consultation, etc. The restrictions inhibit their freedom in career opportunity, and forces them to recognize that should they be converted to Title 38; many of them would lose financially by having to give up their outside positions.

For our membership, both the concern for job security and the concern for financial betterment are very strong points against conversion to Title 38. I feel that VA pays little heed to the employees' fears when discussing the lack of protection in Title 38 versus that guaranteed under Title 5. While the agency at times does take disciplinary action or removal action for just cause against an employee, the employees have too often seen minor conflicts between an employee and a supervisor escalate into agency disciplinary or removal action against the employee. In appealing either type of action, Title 5 employees can try to undo any inequity either by presenting their case to the Merit Systems Protection Board or to an arbitrator through the negotiated grievance procedure. That allows for a review of the action by an impartial party. Title 38 does not allow that type of review. VA contends that Title 38 employees must use the agency grievance procedure set up for Title 38 on all adverse action grievances. The final appeal in that case does not go to an arbitrator, but to the Chief Medical Director or the Administrator. The impartiality of the decision in that case cannot be guaranteed.

I do not believe that Title 38 with its absence of job protection and with its curtailment of outside activities suits the needs of our membership. The NFFE is opposed to any conversions of employees to Title 38 until the time that Title 38 provides the protection and freedom that is contained in Title 5.

Again, I thank you for the opportunity to comment on this situation. I am asking that a meeting be held for my staff on the questionnaire results. Please contact Elayne Tempel at (202) 862-4458 on this matter. In response to this letter, please refer to our reference code VA-ET-82.

Fraternally,

James M. Peirce

James M. Peirce
President

NATIONAL FEDERATION OF FEDERAL EMPLOYEES

JAMES M. PEIRCE • PRESIDENT

ABRAHAM ORLOFSKY • SECRETARY TREASURER

1016 16th St., N.W. WASHINGTON, D.C. 20036 PH: 202-862-4400

SERVING THE FEDERAL EMPLOYEE SINCE 1917

In reply refer to: VA-ET-82

December 8, 1981

Mr. Ronald E. Cowles
Director, Labor-Management
and Employee Relations Service
Office of Personnel
Veterans Administration
Washington, D.C. 20420

Dear Mr. Cowles:

Last Thursday, December 4, 1981, Elayne Tempel of my staff was briefed on the questionnaire concerning employee preference between Title 5 coverage or Title 38 coverage. The following are the NFFE comments on the questionnaire:

1. Appointment

   The last paragraph of this section appears to be biased towards Title 38 coverage. The items that are delineated as areas of concern in a probationary employee's performance under Title 5 are of equal concern for probationary employees under Title 38. I suggest either this delineation be dropped or it be added to the corresponding paragraph for Title 38.

2. Awards

   Under "Quality Increase" for Title 5, I suggest that the following words in the first sentence be underlined: "which is an additional within-grade pay step." The underlining will emphasize this point and correspond to the emphasis given to the Special Advancement for Performance for Title 38 employees.

3. Disciplinary Actions

   The fourth paragraph for Title 5 employees explains that an employee can appeal an adverse action to MSPB and explains that a grievance can be filed. It is not clear, however, that an employee can appeal to MSPB or grieve through the negotiated contract. The second to the last sentence of this paragraph should read: "If the employee is covered by a union contract so providing, the employee has the option of appealing through the negotiated contract or appealing to the MSPB." I believe that those two changes clarify that right.

For Title 38 employees, the last paragraph before discussing "Grievances" should state:" The employee may not appeal to the MSPB."

The second paragraph explaining "Grievances" concerning the Title 5 employees should be revised. I suggest the following: "Employees in a collective bargaining unit may utilize the grievance procedure negotiated into the labor/management contract. Arbitration is the last step of an appeal."

I thank you for the opportunity to offer my comments on the questionnaire. I am interested in having a briefing for a member of my staff when the results of the questionnaire are tabulated. I would also appreciate receiving a copy of the final version of this questionnaire. In any response to this letter, please refer to our reference code VA-ET-82.

Sincerely,

James M. Peirce
President

THE LARGEST INDEPENDENT GOVERNMENT UNION IN THE COUNTRY

NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES
2139 WISCONSIN AVENUE, N.W., WASHINGTON, D.C. 20007
202 965-4411

January 19, 1982

Mr. Michael Rudd
Assistant Deputy Administrator for
Personnel and Labor Relations
Veterans Administration
Washington, DC 20420

Dear Mr. Rudd:

Based on the information that was made available to our organization at the meeting conducted by your staff, our position on the Veterans Administration's conversion proposal was conveyed to you via our letter of December 22, 1982. (Copy enclosed).

Frankly, our position has not changed. The NAGE is gravely concerned that the "conversion" as proposed would force employees to "give up" various protections afforded to them while being in the competitive service. Further, we would assume that regardless of how the agency ultimately decides on its conversion proposal, it would adopt the most liberal interpretation of the law for determining how its employees would receive overtime and premium pay, i.e., FLRA, Title 5, etc.

We are, of course, prepared to meet and confer further with you on this matter.

Sincerely,

Stanley Q. Lyman
Executive Vice-President

SQL/aep

Enclosure

THE LARGEST INDEPEN[illegible] GOVERNMENT [illegible] THE [illegible]

NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES
2139 WISCONSIN AVENUE, N.W., WASHINGTON, D.C. 20007
202 [illegible]

December 22, 1981

Robert Clayton
Labor Relations
Veterans Administration
810 Vermont Ave., Room 058B
Washington, D.C.

Dear Mr. Clayton:

This is in response to your briefing concerning attempts by the Veterans Administration to remove certain employees from the competitive service.

Although this organization is supportive of efforts by the Administration to recruit and retain a highly skilled workforce, we cannot lend our support to this action at present.

The effected employees would give up certain protections afforded them by virtue of being in the competitive service without any corresponding increase in benefits. Under these circumstances, we could not recommend this option as a positive step for our members.

We would like to thank the Veterans Administration for discussing these matters with us and express our desire to continue the dialogue on this matter.

Very truly yours,

Stanley Q. Lyman

Stanley Q. Lyman
Executive Vice-President

SQL/ELM/aep

EXHIBIT F

COMMENTS FROM PROFESSIONAL
AND
EDUCATIONAL INSTITUTIONS

TABLE OF CONTENTS

VIEWS FROM OUTSIDE THE AGENCY

LIST OF PROFESSIONAL ASSOCIATIONS CONTACTED

LIST OF AFFILIATED EDUCATIONAL INSTITUTIONS CONTACTED

LETTERS RECEIVED FROM OUTSIDE GROUPS

VIEWS FROM OUTSIDE THE AGENCY

With reference to outside entities who represented categories of personnel under study, the Task Force consulted affiliated institutions and organizations or associations to learn such entities' views on the question of conversion to Title 38. This included:

- Letters from professional associations related to each occupation chosen for study.
- Randomly selected educational affiliates in each involved specialty.

The Central Office correspondence, lists of contacted groups and their pertinent correspondence to the Task Force, is appended in the following pages.

LIST OF PROFESSIONAL ASSOCIATIONS CONTACTED

Nursing

National Assoc. for Practical
Nurse Education & Service, Inc.
254 West 31 Street
New York, NY 10001

National Federation of Licensed
Practical Nurses
888 - 7th Avenue
New York, NY 10019

Pathology

American Medical Technologists
4880 66th Avenue
Hyattsville, MD 20784

American Society of Medical Technologist
1725 DeSales Street, NW
Suite 403
Washington, DC 20036

American Association of Clinical
Chemistry
1725 K Street, NW
Washington, DC 20006

Medical Service

INHALATION THERAPY

Amer. Assoc. for Respiratory Therapy
1720 Regal Row
Dallas, TX 75235

HEMODIALYSIS

American Assoc. of Nephrology Nurses
& Technicians
National Office
North Wordbury Road
Box 56
Pitman, NJ 08071

ECHOCARDIOGRAPH & CARDIAC
CATHETERIZATION TECHNICIANS

National Society of Cardio-Pulmonary
Technology
1 Bank Street, Suite #307
Gaithersburg, MD 20878

M.L. Murphy, M.D.
Chief, Society of VA Cardiologists
VA Medical Center
Little Rock, Arkansas

Surgical Service

American Society of Extra-
corporeal Technology
Reston International Ctr.
Suite 322
Reston, VA 22091

Association of Surgical
Technologists
Caller No. E
Littleton, CO 80120

Nuclear Medicine

Society of Diagnostic Medical
Sonographers
P.O. Box 31782
Dallas, TX 75231

Nuclear Medicine Technologists
Certifying Board
P.O. Box 1034
Stone Mountain, GA 30086

Mental Health

Michael S. Pallak, Ph.D.
Executive Officer
American Psychological Assoc.
1200 17th Street, NW
Washington, D.C. 20036

Rehabilitation

American Physician Therapy
Association
1156 15th Street, NW
Washington, DC

American Occupational Therapy
Association
1383 Piccard Drive
Rockville, MD 20850

LIST OF PROFESSIONAL ASSOCIATIONS CONTACTED

Radiology

The American Society of Radiologic Technologists
55 E. Jackson Blvd. Suite 1820
Chicago, Il 60604

Pharmacy

American Society of Hospital Pharmacists
4630 Montgomery Avenue
Bethesda, MD 20814

American Pharmaceutical Assoc.
2215 Constitution Avenue, NW
Washington, DC 20037

Prosthetic & Sensory Aids

American Academy of Maxillo-Facial Prosthetics
Exec. Secretary & Treasurer
Ronald P. Desjardens, D.M.D.
Dept. of Dentistry, Mayo Clinic
Rochester, Minnesota 55901

American Orthotic & Prosthetic Assoc.
717 Pendleton Street
Alexandria, VA 22314

American Society of Ocularists
Hugh W. Laubheimer, Exec. Sec.
C.A.S.O., 1147 Cephia Street
Lake Wales, FL 33853

Dietetic

The American Dietetic Association
430 North Michigan Avenue
Chicago, Ill. 60611

Social Work

National Assoc. of Social Workers
1425 H Street, NW
Suite 600
Washington, DC 20005

Assoc. of VA Social Work Chiefs
Paul Burton, President
VA Medical Center
Sepulveda, CA 91343

Audiology & Speech

American Speech & Hearing Association

LIST OF AFFILIATED EDUCATIONAL INSTITUTIONS CONTACTED

Schools of Audiology/Speech Pathology

University of Iowa
Dept. of Audiology/Speech Pathology
Iowa City, IA 52242

University of Kansas
Dept. of Audiology/Speech Pathology
Lawrence, KS 66045

University of Washington
Dept. of Audiology/Speech Pathology
Seattle, WA 98195

George Washington University
Dept. of Audiology/Speech Pathology
Washington, D.C. 20052

Dietetics

Case Western Reserve University
Department of Dietetics
University Circle
Cleveland, OH 44106

Texas Woman's University
Department of Dietetics
Box 23925, TWU Station
Denton, TX 76204

Emory University
School of Allied Health
Department of Dietetics
Atlanta, GA 30322

UCLA School of Public Health
UCLA
Department of Dietetics
Los Angeles, CA 90024

Medical Technology

State University of New York at Buffalo
Department of Medical Technology
4th Floor Kimball Towers
Main-Street Campus
Buffalo, NY 14214

Medical Technology Con't

University of Virginia
Medical College
Department of Medical Tech.
Charlottesville, VA 22908

University of Iowa
Department of Medical Tech.
Newton Road
Iowa City, IA 52242

University of Washington
Health Sciences Center
Department of Medical Tech.
Seattle, WA 98195

The University of Tennessee
Ctr. for the Health Sciences
Department of Medical Tech.
858 Madison Avenue
Memphis, TN 38163

Occupational Therapy

Boston University, Sargent
College of Allied Health
Professions
Dept. of Occupational Therapy
147 Bay State Road
Boston, MA 02215

Virginia Commonwealth Univ.
Dept. of Occupational Therapy
P.O. Box 8-MCV Station
Medical College of VA
Richmond, VA 23298

The Ohio State University
Dept. of Occupational Therapy
190 N. Oval Mall
Columbus, OH 43210

University of Southern
California
Dept. of Occupational Therapy
12933 Erickson Avenue
Downey, CA 90242

LIST OF AFFILIATED EDUCATIONAL INSTITUTIONS CONTACTED

Physical Therapy

Boston University, Sargent College
of Allied Health Professions
Dept. of Physical Therapy
147 Bay State Road
Boston, MA 02215

State Univ. of New York at Buffalo
Dept. of Physical Therapy
617 Kimball Towers
Main Street Campus
Buffalo, NY 14214

Virginia Commonwealth Univ.
Dept. of Physical Therapy
P.O. Box 80MVC Station
Medical College of VA
Richmond, VA 23298

University of Southern California
Dept. of Physical Therapy
12933 Erickson Avenue
Downey, CA 90242

Pharmacy

University of Cincinnati
College of Pharmacy
Eden Avenue
Cincinnati, OH 45267

University of Kentucky
School of Pharmacy
800 Rose Street
Lexington, KY 40506

Philadelphia College of Pharmacy
43rd Street, Kingsessing Mall
Philadelphia, PA 19104

Psychology

Florida State University
Department of Psychology
Tallahassee, FL 32306

University of Maryland
Department of Psychology
Zoology-Psychology Bldg.
College Park, MD 20742

Psychology Con't

North Texas State University
Department of Psychology
Box 13587
Denton, TX 76203

University of California, LA
Department of Psychology
405 Hilgard Avenue
Los Angeles, CA 90024

Radiology Technology

University of Alabama
School of Community Allied
Health Resources
Dept. of Radiology Technology
1919 Seventh Avenue South
Birmingham, AL 35233

Univ. of Missouri Medical Ctr.
Dept. of Radiology Technology
Jesse Hall
Columbia, MO 65212

Univ. of California School of
Medicine
Dept. of Radiology Technology
405 Hilgard Avenue
Los Angeles, CA 90024

Massachusetts BAY Community
College
Dept. of Radiology Technology
50 Oakland Street
Wellesley Hills, MA 02181

Respiratory Therapy

State Univ. of New York -
Buffalo
Dept. of Respiratory Therapy
4th Floor Kimball Towers
Main Street Campus
Buffalo, NY 14214

University of Arkansas
Medical Sciences
Dept. of Respiratory Therapy
4301 W. Markham
Little Rock, AR 72205

LIST OF AFFILIATED EDUCATIONAL INSTITUTIONS CONTACTED

Respiratory Therapy Con't

Boise State University
Dept. of Respiratory Therapy
1910 University Drive
Boise, ID 83725

Medical College of Georgia
Dept. of Respiratory Therapy
1120 15th Street
Augusta, GA 30902

LAC Harbor-UCLA Medical Center
Dept. of Respiratory Therapy
1000 W. Carson Street
Torrance, CA 90509

Social Work

University of Minnesota
School of Social Work
400 Ford Hall
Minneapolis, MN 55455

University of Kansas
School of Social Welfare
Lawrence, KS 66045

University of Utah
Graduate School of Social Work
Salt Lake City, UT 84112

Smith College
School for Social Work
Northampton, MA 01063

Department of Medicine and Surgery
Washington, D.C. 20420

Veterans Administration

MARCH 24, 1982

SUBJ: Request for Views from Professional Assocations on the Impact of Conversion of Selected Health Care Occupations from Title 5 to Title 38.

The Department of Medicine and Surgery is conducting a study to determine which General Schedule occupations (Attachment 1) providing direct patient care service or services incident to direct patient care should be converted to the Veterans Administration's separate Title 38 personnel system in order to improve patient care, alleviate recruitment and retention problems, and improve employee morale. This study is mandated under Section 117 of the Veterans Administration Health Care Amendments of 1980 (P.L. 96-330), which requires a study and report to Congress. For those occupations not recommended for conversion a separate recommendation must be made concerning whether employees of those occupations should receive overtime and premium pay on the same basis as Title 38 registered nurses. Employees in those occupations would continue under Title 5 of the General Schedule for all other personnel purposes.

You are invited to submit comments. Enclosed for your information are copies of P.L. 96-330 (Attachment 2) and a summary of the differences between the Title 5 personnel system (applicable to General Schedule employees) and the Veterans Administration's Title 38 personnel system (Attachment 3) (currently applicable only to physicians, dentists, nurses, clinical podiatrists, optometrists, physician assistants, and expanded function dental auxiliaries). In order for your comments to be considered they must be submitted by April 9, 1982. Comments should be sent directly to Dr. Eleanor Travers, Deputy Director, Pathology Service (113), who is the Chairperson of the Task Force.

DONALD L. CUSTIS, M.D.
Chief Medical Director

Attachments

In Reply Refer To: 113

Department of Medicine and Surgery
Washington D.C. 20420

Veterans Administration

In Reply Refer To:

MAY 18 1982

SUBJ: Request for Views from Educational Assocations on the Impact of Conversion of Selected Health Care Occupations from Title 5 to Title 38

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DONALD L. CUSTIS, M.D.
Chief Medical Director

Attachments

Reply to sender
at his address

AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY
1725 K Street, N.W. • Washington, D.C. 20006 • Phone 202/857-0717

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January 7, 1982

E.M. Travers, M.D. (IIF-Title 38)
Chairman, Title 38 Task Force Committee
Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

Dear Dr. Travers:

The American Association for Clinical Chemistry is a professional organization of over 5500 members who hold a common scientific expertise in the practice of clinical chemistry in hospitals, private laboratories, industry and government. Six percent of its membership practice their profession in government facilities with over 100 of these serving as clinical scientists in VA hospitals. The AACC considers the operational policies and procedures utilized in VA laboratories as one of the most important influences in the directions taken by clinical pathology and the clinical laboratory sciences as a whole. Therefore, we appreciate the opportunity to comment on your study provided by Section 117 of P. L. 96-330 which is to recommend VA health occupations now falling under Title V for inclusion under Title 38.

The AACC Committee on Governmental Affairs has sent an extensive questionnaire to 128 chemistry section heads in VA facilities to determine their opinions on this issue. Seventy percent of the respondents were in favor of inclusion of pathology service based clinical chemists under Title 38, 10% were not in favor of inclusion, and 20% had no opinion. Eighty-two percent of the respondents had advanced degrees beyond the baccalaureate, and all served in a supervisory or managerial capacity.

Recruitment and retention of qualified, experienced doctoral scientists has become increasingly difficult in the federal sector. Listed as reasons were:

a. Low salaries and less lucrative benefits (a Ph.D. clinical chemist with 5 years experience in the private sector averages a salary equivalent to a GS-14 and additional fringes are calculated as equivalent to $10,000/year above base salary).

b. No promotional incentives (most Ph.D. clinical chemists are GS-13 and have been in that grade more than 5 years).

c. No incentives to become board certified (less than 2% of VA clinical chemists are board certified).

d. Poor recruitment practices by OPM (grade is established prior to recruitment based on duties rather than qualifications of applicant).

e. Increased competition for qualified personnel from private hospitals and industry.

Reply to sender
at his address

AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY
1725 K Street, N.W. • Washington, D.C. 20006 • Phone 202/857-0717

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Page 3
Dr. Travers

f. inclusion of clinical chemists in the Merit Pay System, thereby subverting their effectiveness as scientists and medical professionals in preference to their managerial duties.

Clinical chemistry has been the most dynamic field of clinical pathology in the past decade and is surpassed only by pharmacology in the medical sciences as a whole. The very nature of the diversified and complex technology found in the clinical chemistry laboratory mandates that experienced and highly specialized personnel with advanced training in the sciences staff and direct these laboratories.

Last year 63% of the 216,000,000 laboratory tests performed in VA labs were done in the chemistry section, though this comprised only 38% of the total weighted workload. Approximately 60% of the weighted workload was attributed to chemistry a decade ago. Less than 2% of the current tests carried a request for a diagnosis generated by the lab; therefore, most of the work was based on a scientific rather than a medical judgment. Those chemistry labs which are the most innovative and have the greatest service capabilities are directed by doctoral scientists. The improvements in diagnosis and shortening of patient stay are directly related to the growth in diversity and efficiency of testing in the chemistry lab.

The doctoral scientists have traditionally played an important role in research and education in VA facilities. They maintain a leadership role in the development and evaluation of technology for the profession as a whole.

Therefore, the American Association for Clinical Chemistry strongly recommends that laboratory-based clinical chemists and other clinical scientists be included under Title 38. To do so would provide additional recruitment and retention incentives, improve professional communications with the medical staff, and better utilize these highly trained clinical specialists who are best qualified to economically provide professional guidance in this all-important element of the medical sciences.

If you should wish any further explanation, please don't hesitate to call or write me. Thank you for your time, I remain.

Most sincerely,

P. K. Besch

Paige K. Besch, Ph.D.
Professor

PKB/sd

AANNT journal
American Association of Nephrology Nurses and Technicians

April 13, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Veterans Administration
Department of Medicine and Surgery
Washington, D.C. 20420

Dear Dr. Travers:

I have been asked by Ms. Nancy Sharp, President, and Ms. Dawn Brennan, President Elect of the American Association of Nephrology Nurses and Technicians to reply to your letter regarding the conversion of selected health care occupations from Title 5 to Title 38. Ms. Sharp probably forwarded your request to me since I have been employed by the Veterans Administration since 1972.

The purpose of the proposed conversion of Title 5 to the Title 38 Personnel System to "improve patient care, alleviate recruitment and retention problems and improve employee morale" has merit. Due to personal experience and communications with other AANNT members employed by the Veterans Administration, there has been a real need to stimulate recruitment of competent staff and retain those currently employed. The concept of "basing salary rates and other benefits on the "worth of the person, i.e., rank-in-person" as opposed to "worth of the job, i.e., rank-in-job concept" will enhance care delivery for Title 38 looks at the individual's (representative of an occupation) qualifications, education, experience, etc. The American Association of Nephrology Nurses and Technicians supports the certification and continued education of nonprofessional members, i.e., the Hemodialysis Technician, thereby accepting the concept of the "rank-in-person" put forth by Title 38.

If the American Association of Nephrology Nurses and Technicians can be of any further assistance regarding the study to convert Title 5 selected health care occupations to Title 38, please feel free to contact Ms. Dawn Brennan, President Elect or myself through the National Office of the AANNT.

Sincerely,

Jean A.S. MacMullen

JEAN A.S. MACMULLEN, RN, MS, MA
Chief Editor
Journal of AANNT

cc: Nancy Sharp
cc: Dawn Brennan

National Advertising Representatives:
Anthony J. Jannetti, Inc. / North Woodbury Road / Box 56 / Pitman, New Jersey 08071 / (609) 589-2319

AART AMERICAN ASSOCIATION FOR RESPIRATORY THERAPY 1720 Regal Row, P.O. Box 35287, Dallas, TX 75235 (214) 630-3540

April 9, 1982

Ms. Eleanor Travers
Deputy Director
Pathology Services (113)
Department of Medicine & Surgery
Veterans Administration
810 Vermont Av. NW
Washington, DC

Dear Ms. Travers:

The American Association for Respiratory Therapy is glad to respond to the Veterans Administration's request for comments relative to the possible shift of respiratory therapists out of the traditional GS pay schedule and into the special pay provisions authorized by Title 38 of the US Code. The AART is particularly familiar with this issue and, in fact, our organization testified before the Senate Veterans Affairs Committee on April 16, 1980 on legislation which was later to become PL 96-330.

Respiratory therapy is a new allied health profession, coming of age in the past 25 years. Today there are respiratory therapy departments in over 90% of our nation's hospitals. The main function of the respiratory therapy department is to meet the requests for numerous diagnostic tests such as blood gas analyses and pulmonary function testing; additionally the respiratory therapy department plays a vital role in providing acute and critical care for patients who have respiratory complications. The service may range from breathing instruction and assistance after surgery to complete maintenance and responsibility for life support systems such as respirators. Additionally, respiratory therapists also may pass medications such as bronchodilators and administer oxygen to the acute and critically ill patient.

The respiratory therapy departments are staffed by registered therapists (RRTs), certified technicians (CRTTs), and non credentialed personnel who have received on the job training. Approximately three-fourths of the practicing profession have taken the credentialing exam or are presently eligible to take the exam, while the other practitioners will likely prepare for the exam in the near future as state legislatures adopt legal credentialing laws. Our best estimates indicate that there are approximately 80,000 respiratory therapists across the United States.

Under present law respiratory therapists within the VA system are classified by the Office of Personnel Management in a grouping known as medical machine technicians (GS-649). According to the GS-649 standard, the classification excludes, "positions that require the application of professional skills and knowledges, e.g. professional skills and knowledges in nursing, biochemistry, or physiology." The implications of the classification are numerous and certainly affect the quality of care delivered in the Veterans Administration hospitals across the country. The most immediate impact is in the area of salaries. The present schedule is not competitive with private sector salaries, particularly in the upper levels where competent supervision and direction is absolutely critical for high quality health services. Because there is no financial attraction to work for the Veterans Administration, and in fact there are financial incentives to look elsewhere, VA respiratory therapy departments are deficient not only in the quality of personnel but in sheer numbers as well.

Another unfortunate reality of living with the GS-649 system is that, bottom line, we are given very little opportunity to consider the ability of the therapist who will deliver hands-on patient care. Oftentimes we are instructed who to take. Bluntly, quality suffers.

Our first and foremost recommendation for reversal of this situation is a shift from the traditional pay system for therapists into the provisions authorized byt Title 38. Specifically, we are providing for your review sample curricula for respiratory therapists who graduate from AMA approved schools and receive the registry credential along with similar educational requirements for nurses. You will find, we believe, that a comparison between RRTs and critical care nurses is most appropriate. Because of these similarities, we strongly urge you to include respiratory therapists on a level similar to nurses employed within the VA system.

Secondly, we believe that the special pay provisions authorized by Section 112 of PL 96-330 are insufficient to meet the overall needs of the VA. To our knowledge no regulations have been promulgated relative to the arbitrary authority given to the VA administrator and, in fact, the administrator is not required to increase salaries even when flagrant differences do exist. Merely consider the present salaries for respiratory therapists within the VA and in adjacent areas.

There are a few thousand respiratory therapists employed within the Veterans Administration's Department of Medicine and Surgery. If the VA is serious about wanting to retain high quality professionals who, in fact, provide life sustaining services to a substantial number of patients, we believe there is no choice other than to include in your report to the Congress a firm recommendation for inclusion of respiratory therapists in Title 38.

The AART is always willing to work with the VA, and please feel free to call on us if we can be of assistance in any way.

Sincerely,

John R. Walton

John R. Walton, RRT
President

JRW/cs

THE AMERICAN DIETETIC ASSOCIATION
430 NORTH MICHIGAN AVENUE, CHICAGO, ILLINOIS 60611
TELEPHONE: (312) 280-5000 (312) 280-5091

April 8, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Veterans Administration
Washington, DC 20420

Dear Dr. Travers:

The American Dietetic Association, representing 46,000 dietetic professionals, has reviewed the material on the "Impact of Conversion of Selected Health Care Occupations From Title 5 to Title 38." The Association believes that the Title 38 personnel system is more desirable for the professional dietitian. Our rationale is based on two major points which we feel are most pertinent to the issues of improving patient care, alleviating recruitment and retention problems, and improving employee morale.

Title 38 is more desirable for the professional dietitian since recruitment is based on the "worth of the person" rather than the "worth of the job." A registered dietitian with an advanced degree and professional experience would see VA as a more attractive employer if the salary rate and grade setting would be tied to the person's qualifications rather than a job ranking. This, also, encourages the professional to obtain continuing education in areas that would be valuable not only to the individual but also the employer.

In addition, Title 38 provides for annual leave that is more competitive with the private sector for advanced positions, and provides for administrative leave for affiliated teaching and special appointments that enhance the professional's experience.

We welcome the opportunity to provide input for this study. If the American Dietetic Association can be of any further assistance, please do not hesitate to contact me.

Sincerely yours,

Catherine Babington
Catherine V. Babington, R.D.
Assistant Executive Director
Office of Government Affairs

CVB/cp

aota
The American Occupational Therapy Association, Inc.

Mae D. Hightower-Vandamm
PRESIDENT
James J. Garibaldi
EXECUTIVE DIRECTOR

April 7, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Department of Medicine and Surgery
Veterans Administration
810 Vermont Avenue, N.W.
Washington, D. C. 20420

Dear Dr. Travers:

The American Occupational Therapy Association, Inc. (AOTA) appreciates the opportunity to comment on the conversion of occupational therapists from Title 5 to Title 38. We have become increasingly aware of the recruitment and retention problems of occupational therapists through our members who work in Veterans Administration facilities.

We have had written communication from members indicating recruitment often takes three to six months, and salaries are frequently not competitive with the private sector. A major problem appears to be the one of funding a person to fit the GS rating available rather than funding a person who suits program needs. This barrier only adds to the problem of recruitment.

Retention problems seem to occur most frequently with the therapist who earns an additional degree or specialization certification and is in no way compensated for this, although the additional education meets the needs of V.A. programs. Many therapists have said that this discourages independently financed continuing education for therapists unless of course their plans are to move into the private sector.

Through informal discussions with VA therapists there seems to be a majority who believe conversion to Title 38 would greatly alleviate the recruitment and retention problems associated with occupational therapists.

Again, we appreciate this opportunity to comment prior to your report to Congress and would welcome a copy of the final report when it is completed.

Sincerely,

Jane D Davy

Jane D. Davy, OTR
Assistant Director
Government and Legal Affairs

JDD:dcd
cc: James Garibaldi, Executive Director, AOTA

1383 Piccard Drive Rockville, Maryland 20850 (301) 948-9626

American Medical
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Registry of Medical Technologists

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Executive Director

April 9, 1982

Dr. Eleanor Travers
Deputy Director, Pathology Service (113)
V. A. Department of Medicine and Surgery
Washington, D.C. 20420

Dear Dr. Travers:

The American Medical Technologists, a national organization of 14,000 members, is an indepent registry of medical technologists, medical laboratory technicians and medical assistants. I have been asked by the American Medical Technologists (A.M.T.) to respond as to their views on the "Impact of Conversion of Selected Health Care Occupations from Title 5 to Title 38".

While we feel that flexibility in hiring is a distinct administrative advantage, we cannot support the conversion of the medical technologists and medical technicians from Title 5 to Title 38. Several members of the A.M.T. have experienced difficulty obtaining employment with the V.A. primarily because of an organizational preference. It is felt that with the expanded flexibility this preference would be even greater. Therefore, we favor the present competitive examination status.

Other criteria we would not support are:

1. Performance evaluation- under Title 38 is not grievable.
2. Outside employment- should not be prohibited.
3. Salary rate- support "worth of job" concept & pay increase.
4. Premium pay- should be retained as in Title 5.
5. Annual leave- limit on accrued leave (5=240 hrs, 38=960 hrs.)

Although advantages and disadvantages appear under both systems, it is felt that Title 5 would provide more and better opportunities for the majority of the A.M.T. members

Sincerely,

William K. Young

William K. Young, M.S., MT(AMT)
Washington Representative, A.M.T.
4880 66th Avenue
Hyattsville, Md. 20784

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Washington, D.C. 20036
A/C 202 331-1488

April 7, 1982

Eleanor Travers, M.D., Deputy Director
Pathology Services (113)
Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

Dear Dr. Travers:

We appreciate the invitation from Dr. Donald Custis, Chief Medical Director of the Veterans Administration (VA), to offer our views regarding the conversion of selected health occupations from Title 5 to Title 38. As you know, the American Society for Medical Technology (ASMT) is a national professional and scientific organization for over 22,000 individuals who work in our nation's clinical laboratories (including medical technologists, medical laboratory technicians, cytotechnologists, histotechnologists, phlebotomists, and clinical laboratory specialists such as microbiologists, clinical chemists, hematologists, and immunohematologists).

In passing the Veterans Health Care Amendments of 1980 (P.L. 96-330), the Congress wanted to determine whether conversion of certain health professionals from Title 5 to Title 38 would improve patient care, alleviate personnel recruitment and retention problems, and improve employee morale. In anticipation of your request for our views, we conducted a questionnaire survey of all ASMT members who are listed on our rosters as VA employees. We asked specifically if there were personnel recruitment, retention, and morale problems; and, if there were, we asked the cause of those problems. Furthermore, we queried our members to determine if they would prefer classification under Title 5 or Title 38, and the reasons for their choice.

We received responses from 65 per cent of those surveyed, of which 83 per cent indicated there were personnel recruitment, retention, and/or morale problems at their VA facility. Quite frankly, we consider that response alarming, since personnel recruitment, retention, and morale problems can affect negatively the quality of care afforded to our nation's veterans. Interestingly, however, of those responding only 51 per cent recommended that VA medical technologists should seek classification under Title 38. This, we believe, reflects a sober belief that while there may be some benefits for medical technologists under the Title 38 scheme, reclassification by no means would be a panacea for the primary ills that affect medical technologists' perspective or morale.

Every respondent who indicated there were personnel problems affecting the operation and vitality of their clinical laboratory program named poor salary as the main cause for disaffection. Most respondents also expressed frustration with OPM's rigid criteria for classification and promotion. Highly educated and qualified personnel felt hamstrung by what appeared to be an inflexible organizational classification schema that totally disregarded the experience and expertise most VA personnel felt they possessed. Grading the position instead of the practitioner constrained the ability of qualified personnel to realize the fruits of their education, training, and competence. In a sense, then, respondents were reacting to what they perceived to be the disadvantages to working under Title 5.

To some, however, Title 5 has its advantages (i.e., overtime, holiday, and other forms of premium pay, fixed eight-hour tours of duty, total freedom to use professional time after work as they wish, more flexible time and leave rules). To these respondents, the benefits of premium pay and time and leave flexibility provided advantages that might be lost if medical technologists are classified under Title 38.

To others, Title 38 seemed to represent greater opportunity for professional standing and recognition. Some believed that Title 38 would provide greater administrative flexibility for recruiting and employing qualified personnel and for more equitably grading and compensating personnel on the basis of their years of education and experience.

With all respondents, however, the number-one concern was pay. Virtually all respondents felt that VA medical technologists were inadequately compensated for the vital work they perform each day in VA clinical laboratories. As you know, the Office of Personnel Management (OPM) is cognizant of medical technologists' pay inadequacies, and OPM has proposed an upgrading for the journeyman level medical technologist (GS-644 series) from GS-7 to GS-9. Most respondents believed that the pay boost that would result from the implementation of OPM's reclassification scheme would go a long way toward alleviating a large measure of poor personnel morale. In addition, the OPM reclassification would grant formal recognition of medical techologists' professional standing in a manner similar to that already accorded to nurses, pharmacists, physical therapists, and other comparably-credentialed professionals. Many respondents reportedly did not feel that reclassification under Title 38 would provide the compensation and recognition that might be secured under Title 5. Many noted that while nurses seemed to fare quite well under Title 38, no promises of comparable treatment seemed to be evident for medical technologists. And all felt that a perpetuation of those ills under Title 38 would simply exacerbate the recruitment, retention, and morale problems that already make employment in the VA less than adequately rewarding.

Quite frankly, we had hoped that OPM's reclassification proposal would have been implemented before your inquiry reached us. Had the upgrading already taken place, the reluctance we feel about Title 38 would have been mitigated. Medical technologists are professional health personnel, and they deserve appropriate recognition and recompense. If Title 38 can provide both, then we would strongly support a proposal to convert medical technologists to Title 38. We realize fully the administrative benefits conversion would provide the VA central office and local facilities. But if the benefits don't extend similarly to reach the needs of medical technologist personnel, the spirit and intent of P.L. 96-330 would only be frustrated to the disadvantage of our Society's constituents and veterans alike.

In summary, then, with a measure of caution we would lend our support to a proposal to convert medical technologists from Title 5 to Title 38. We would urge, however, that upon conversion VA should act immediately to recognize medical techologists' professional standing and provide a schedule of compensation and benefits in keeping with such recognition. In the meantime, we would recommend that VA authorities urge OPM to implement immediately its medical technologist reclassification proposal. Such implementation would surely enable us to offer unqualified support for conversion to Title 38.

We sincerely hope you find out comments helpful. If you have any questions, o if we can be of assistance in any other way, please feel free to contact me or our Washington office director, Dr. Gene A. Del Polito.

Sincerely,

Brenta G. Davis

Brenta G. Davis
President

BGD/jso

American Speech-Language-Hearing Association
10801 Rockville Pike • Rockville, Maryland 20852 • (301) 897-5700 (Voice or TTY)

April 27, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Veteran's Administration
Department of Medicine and Surgery
Washington, D.C. 20420

Dear Dr. Travers:

Recently the American Speech-Language-Hearing Association (ASHA) received a request from Dr. Curtis to submit comments on the conversion of selected health care occupations from Title 5 to Title 38. This letter is to indicate that in general ASHA supports such a conversion for speech-language pathologists and audiologists.

Our major rationale for supporting the conversion to Title 38 is that it will improve recruitment activities by allowing such to be handled at the local level. As a result, directors of programs should be able to select staff that will meet local needs and improve patient care.

It is unfortunate that the best aspects of Title 38 and Title 5 cannot be merged into one standard for all areas of employment. For example, Title 38 appointment, Title 5 performance evaluation grievance and appeal procedures, Title 5 hours of duty, Title 38 annual leave (30 days/year), Title 5 administrative leave, Title 5 outside remuneration, and Title 38 salary rate.

There are advantages and disadvantages to both Title 38 and Title 5. However, we believe the interests of professionals and the patients they serve can be met best under Title 38.

Sincerely,

Stan Dublinske, Ed.D.
Director
State/Regulatory Policy

Toronto 1982 Annual Convention • November 18-21 • Toronto, Canada

Medical Center Lexington KY 40511

Veterans
Administration

Received (113)
Date 10/30/81

In Reply Refer To: 113CDD

Eleanor Travers, M.D.
Pathology Service (113)
V. A. Central Office
810 Vermont Avenue, N.W.
Washington, D. C. 20420

Dear Dr. Travers:

The Association of V. A. Clinical Microbiologists (AVACM) is dedicated to improving the quality of microbiology services within Pathology Service. AVACM has great interest in the survey of Pathology Services for the possibility of moving the medical technologist, chemist and microbiologist position series from Title 5 to Title 38. As an organisation, AVACM has not taken a side in this issue. AVACM would like to play an active role in the data gathering process so that decisions can be made based on accurate information. If there is any way AVACM can help in the various stages of the survey please let me know.

Respectfully,

Timothy L. Overman, Ph.D.
Chairman, AVACM Executive Committee

NMTCB
The Nuclear Medicine Technology Certification Board
Post Office Box 1034 • Stone Mountain, Georgia 30086 • Telephone (404) 923-2250

April 21, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

Re: The Conversion of Selected Health Care Occupations from Title 5 to Title 38

Dear Dr. Travers:

The Nuclear Medicine Technology Certification Board (NMTCB) appreciates the request to provide our comments to the Veterans Administration regarding the conversion of Nuclear Medicine Technologists from Title 5 to Title 38.

The NMTCB was founded and incorporated in early 1977 under the sponsorship of the Technologist Section of the Society of Nuclear Medicine and the Society of Nuclear Medicine. The primary purpose of the NMTCB is to assess the competency of nuclear medicine technologists at career entry. As part of our certification program, the NMTCB has established certification standards and qualifications for nuclear medicine technologists. The NMTCB examines competency throughout the entire scope of practice - imaging and non-imaging, in vivo and in vitro.

The Nuclear Medicine Technology Certification Board is the only agency credentialing nuclear medicine technologists which performs this service exclusively. The NMTCB uniquely enjoys the recognition and sponsorship of the profession of nuclear medicine. The NMTCB is also the only certification agency for nuclear medicine technologists that has total input by the profession being certified. (It may be of interest to note that two of our current Board members are employed in VA Hospitals.) Since its inception in 1977, the NMTCB has certified approximately 6600 of the estimated 9000 credentialed, practicing nuclear medicine technologists in the United States.

"Certification by Nuclear Medicine Technologists for Nuclear Medicine Technologists"

The NMTCB is a Regular Category A member of the National Commission for Health Certifying Agencies. As a member agency in the Commission, the NMTCB has participated in the setting of standards for the certification process. Over and above participation in standard setting, membership in the Commission indicates that a certifying agency has been evaluated by the Commission (impartial, outside observers) and deemed to meet all of the established criteria and standards for the conduct of a certification program.

The center of the NMTCB certification program is a competency-based examination which tests the relevant application of knowledge. An individual who successfully completes the examination is deemed competent to practice throughout the entire scope of nuclear medicine technology and is designated as a "Certified Nuclear Medicine Technologist".

The Certified Nuclear Medicine Technologist (CNMT) is an important member of the health care team. The CNMT is a professional who provides primary patient services and care. A review of the enclosed task analysis will indicate the broad range of tasks and responsibilities associated with the practice of nuclear medicine technology.

A Certified Nuclear Medicine Technologist utilizes radionuclides and radiopharmaceuticals in the performance of a variety of diagnostic examinations. Not only must a CNMT be able to perform these procedures competently, but he must also have the ability to recognize, anticipate, and solve problems in other areas of responsibility such as radiation safety and protection, instrument quality control, and patient care.

In order to carry out these duties and responsibilities, the Certified Nuclear Medicine Technologist must have an appropriate knowledge of the field and those aspects of chemistry, physics, mathematics and biomedical sciences that relate to nuclear medicine technology. Moreover in carrying out his duties and responsibilities, the Certified Nuclear Medicine Technologist frequently exercises independent judgement.

The NMTCB is primarily concerned with the certification of nuclear medicine technologists; therefore it is not appropriate that we address each and every criteria used for the assessment of a job conversion. However, since many of the technologists certified by the NMTCB practice in Veterans Administration Hospitals, we are happy to provide the following limited comments relative to the conversion of Nuclear Medicine Technologists from Title 5 to Tiele 38.

The NMTCB supports the recognition of Certified Nuclear Medicine Technologists as professionals. Because of the broad range of duties and responsibilities associated with the practice of nuclear medicine technology, the NMTCB encourages you to consider basing the basic pay rate upon eligibility for certification by an appropriate, nationally recognized certifying agency such as the NMTCB. Further, because the demonstration of competency is of the utmost importance for insuring quality health care and protection to the patient, the VA is encouraged to recognize persons certified by the NMTCB (1) as competent to practice the specialty of nuclear medicine technology and, (2) as having attained professional status under Title 38.

In order for you to more thoroughly assess the scope of practice, eligibility requirements for examination, and the certification of nuclear medicine technologists, the following information is attached:

(1) the NMTCB Task Analysis which our is exam is based on;

(2) the NMTCB brochure which outlines the exam eligibility requirements; and

(3) a description of the NMTCB certification program.

Please feel free to contact Mrs. Barbara K. Horton, CNMT, Administrative Director of the NMTCB, if you require or need any additional information.

Thank you for the opportunity to respond to the Veterans Administration regarding the conversion of Nuclear Medicine Technologists to Title 38.

Sincerely,

John J Kozar

John J. Kozar III, CNMT
Chairman

JJK:sb
Enclosures

The University of Iowa
Iowa City, Iowa 52242

Medical Technology Program
UI Hospitals - VA Hospital
Department of Pathology
College of Medicine

116 Medical Laboratories
(319) 356-3633

1847

June 1, 1982

Dr. Eleanor Travers
Deputy Director
Pathology Service (113)
Veterans Administration
Washington, DC 20420

Dear Doctor Travers:

In response to your call for comments on the proposed reassignment of Medical Technologists from Title 5 to Title 38, I, as a medical Technology educator and a medical technologist involved in professional activities to improve the quality of clinical laboratory services to the patient, urge you to transfer medical technologists immediately to Title 38.

I feel this reassignment will improve the morale of clinical laboratory personnel by granting them the professional status they deserve and thus improve patient service. I also predict that converting the medical technologist classification to Title 38 will greatly facilitate the recruitment and retention of qualified and competent clinical laboratory personnel.

Thank you for the opportunity to comment upon this matter.

Sincerely,

Marian Schwabbauer

Marian Schwabbauer, M.A. M.T. (ASCP)
Program Director

jw

UNIVERSITY OF MARYLAND
COLLEGE PARK 20742

DEPARTMENT OF PSYCHOLOGY

June 17, 1982

Dr. Donald Custis
Chief Medical Director
Department of Medicine
and Surgery
Veterans Administration
Washington, D.C. 20420

Dear Dr. Custis:

This letter is in reply to your recent inquiry concerning our opinion on the change of psychology from a Title 5 to a Title 38 listing. Since our faculty in clinical and counseling psychology include several of the recognized leaders in those fields, they have had some discussion of this proposal with a variety of psychologists during the past year. Dr. Bruce Fretz, one of our faculty, has served on the Veterns Administration Psychology Task Force which has discussed training and professional issues during the past year. Moreover, since we are actively engaged in the training of counseling and clinical psychologists, some of whom develop careers within the Veterans Administration, we do have a significant interest in this possible change.

After discussion with many of our concerned colleagues, it is clear to us that the recruitment, retention and continued support of psychology can be better served by psychology being listed under Title 38 than Title 5. Under the provisions of that title the Veterns Administration is more likely to be able to select the highest quality psychologists and retain those most fully committed to the needs of the veterans. Another apparent advantage concerns the relationship of psychology with physicians. As you may know, psychologists' roles in behavioral medicine have been rapidly increasing, ranging from development of programs for pre-operative and post-operative cardiac interventions to the design of procedures for increasing patients' compliance with physicians' recommendations. Ironically, while the Veterans Administration is the largest single employer of hospital psychologists, it is psychologists in private hospitals who have made the greatest developments in the behavioral medicine areas. Perceptual and attributional processes involved with these two different titles seem to favor Title 38 as the one which would more likely facilitate greater collaboration of physicians and psychologists in the development of these important adjuncts to physical medicine

We urge your endorsement of this change in listing.

Sincerely,

Irwin L. Goldstein
Professor and Chair

ILG/mvh

THE PHILADELPHIA COLLEGE
OF PHARMACY AND SCIENCE
43rd Street, Woodland Avenue & Kingsessing Mall / *In University City*
PHILADELPHIA, PENNSYLVANIA 19104 / *Phone:* (215) 596-8800
Founded 1821

June 1, 1982

Dr. Eleanor Travers, Deputy Director
Pathology Service (113)
Veterans Administration
Department of Medicine and Surgery
Washington, D.C. 20420

Dear Dr. Travers:

This letter is to indicate our support for the Veterans Administration (VA) reclassification of pharmacists from Title 5, United States Code, to Title 38, United States Code, personnel standards and procedures.

The increased involvement of pharmacists in providing direct patient care warrants such a reclassification. We feel this reclassification will improve patient care, alleviate recruitment and retention problems, and improve employee morale. Such reclassification has also been supported by the American Association of Colleges of Pharmacy and the American Pharmaceutical Association.

Yours truly,

Maven J. Myers

Maven J. Myers, J.D., Ph.D.
Associate Dean for Pharmacy

MJM:mds

cc: Daniel A. Hussar, Ph.D.
Dean of Faculty

EXHIBIT G

SUMMARIES OF VACO AND MEDICAL CENTER VACANCY RATE INDICATORS & RECRUITMENT DIFFICULTIES

TABLE OF CONTENTS

REPORTS FROM MANAGEMENT OFFICIALS IN MEDICAL CENTERS ON RECRUITMENT DIFFICULTY

FIGURES AND TABLES:

FIGURE 1. OCCUPATIONS WHICH ARE DIFFICULT TO RECRUIT AND RETAIN IN DM&S

FIGURE 2. VACANCY RATE INDICATORS UTILIZED IN DECISION PROCESS BY DM&S TASK FORCE

FIGURE 3. VA DM&S OCCUPATIONS WITH NON-COMPETITIVE SALARIES IN MEDICAL CENTERS

SURVEY ON PAY RELATED MATTERS FOR SELECTED HEALTH CARE OCCUPATIONS

REPORTS FROM MANAGEMENT OFFICIALS IN MEDICAL CENTERS

ON RECRUITMENT DIFFICULTY

This phase of the study consisted of the gathering of opinions of VA Medical Center officials, as completely and accurately as possible, to pinpoint problem areas. Those individuals surveyed included field program chiefs, Health Care Facility Directors, Chiefs of Staff and VA Medical Center personnel management staff. Their input was gathered through questionnaires mailed to Medical Center Directors. One hundred and sixty-nine hospitals and outpatient clinics out of 172 responded to the survey.

In the instructions (See page A-1 of sample questionnaire in this Exhibit), the Facility Director was asked to indicate difficulty in recruitment by indicating how many budgeted positions could be filled promptly, if suitable candidates for it could be found, and, if the position had remained vacant for at least three months prior to this survey, despite continuous active recruitment activities.

Difficulty in retention was defined that more than 20% of the total numbers of members of a given occupational group submitted their resignations during the past fiscal year.

Additional data was obtained from VA Central Office files, specifically, a segment of the PAID file issued by the Office of Reports and Statistics which is the Field Vacant Position Report (RCS-P-31). Other Central Office data files consulted were the: Recruitment Bulletin Report (RCS-054-3) of the Office of the Deputy Administrator for Personnel Administration (based on MPS, Part I of the VA Manual), and Full-Time Employment and Losses by Occupation (RCS 053-5) Table 3054, of the Office of the Deputy Administrator for Reports and Statistics.

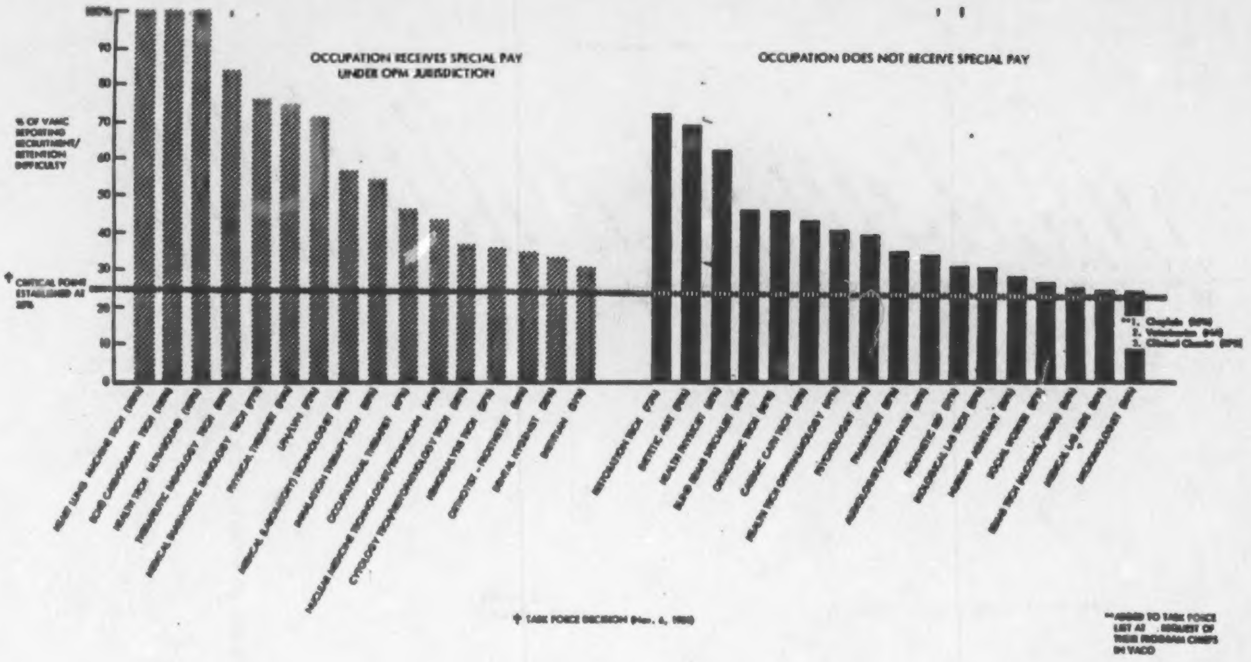
The data resources, on computer tapes and microfiche, were searched, collated and compared for each occupation. The most succinct and accurate representation of recruitment and retention difficulty is presented in Figure 1 of this Exhibit. The vacancy rate indicators which gave the most reliable and accurate measurement were the: Management survey question 2.h (Page A-2 of appended survey, this Exhibit) on the number of positions budgeted in FY 1981 but unfilled as of July 1, 1981, and the (RCS 10-252) DM&S Vacancy Rate, published quarterly by the VA Office of the Deputy Administrator for Reports and Statistics. These data are presented in Figure 2 of this Exhibit. Occupations with non-competitive salaries in Medical Centers are noted in Figure 3 of this Exhibit.

These indicators constituted the basis for the decision process by the Task Force (along with the data in Figure 1 this Exhibit on recruitment and retention difficulty) to send questionnaires to employees in those occupations.

This group of occupations constitutes those "critical health care occupations" necessary to maintain the quality of patient care for Veterans in Medical Centers within the Department of Medicine and Surgery. (See Exhibit K - Assessment of Future Trends in Health Care Delivery).

FIGURE

Occupations Which are Difficult to Recruit and Retain in DM&S

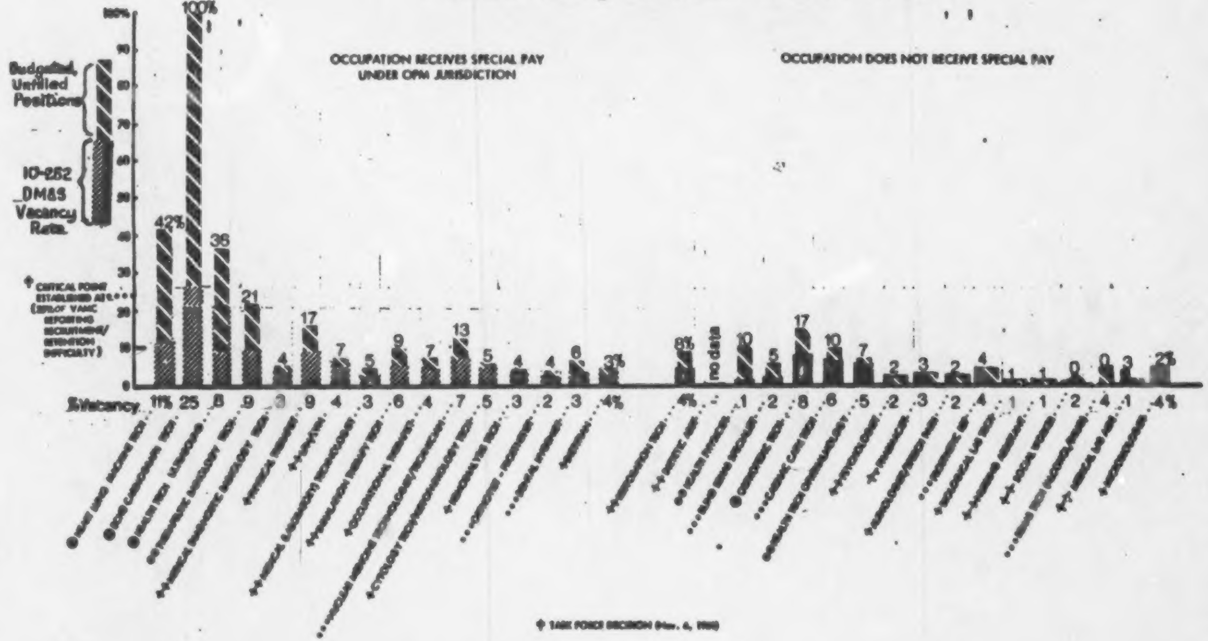


† TASK FORCE DECISION

**ADDED TO TASK FORCE LIST AT REQUEST OF THEIR PROGRAM CHIEFS IN VACO

FIGURE 2

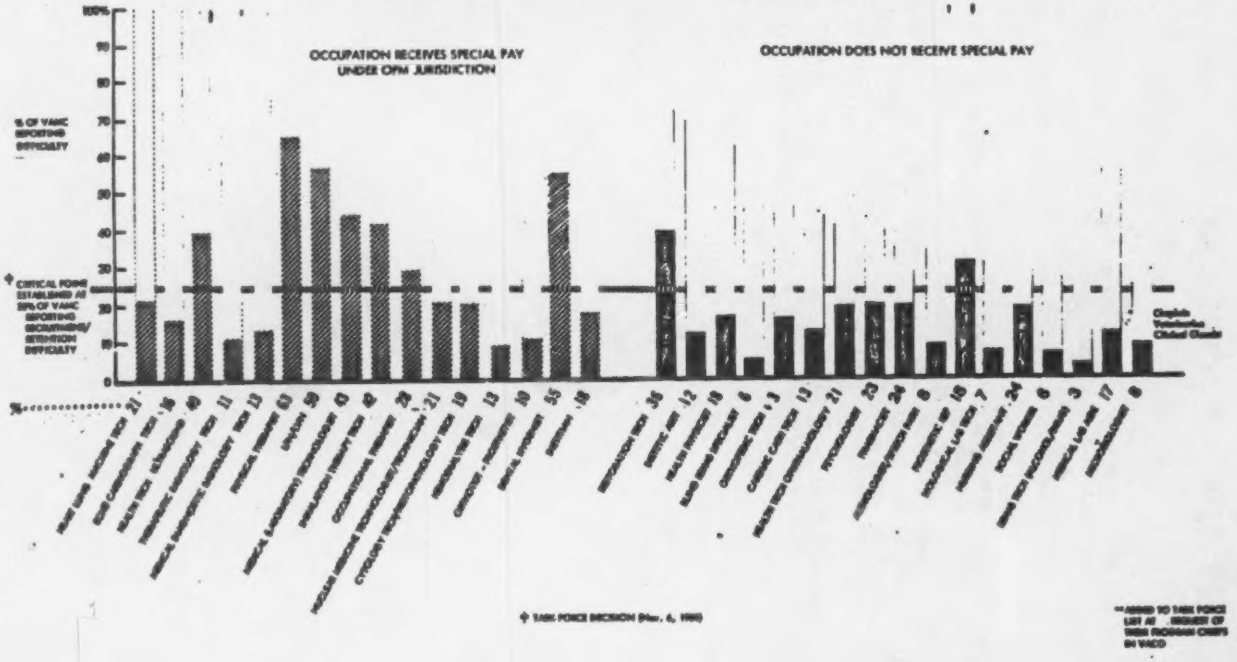
Vacancy Rate Indicators Utilized in Decision Process by DM&S Task Force



NOTES:
- ● Less than 25 FTE in DM&S in this occupation
- ●● 25-75 FTE
- ●●● 75-250 FTE
- ✦ 250-1000 FTE
- ✦✦ 1000 or more

FIGURE 3

VA DM&S Occupations With Non-Competitive Salaries in Medical Centers



SURVEY ON PAY-RELATED MATTERS FOR SELECTED HEALTH OCCUPATIONS

(RCS 11-229-S)

The appended survey form is a copy of the survey sent to all DM&S Medical Centers and Outpatient Clinics which demonstrated:

o Indications of a deficiency in recruitment and/or retention of specific categories of health care employees.

o Comments as to the reason for these deficiencies with supportive data from service chiefs and clinical staff.

o Specific recommendations for changes in the personnel procedures which govern individual occupations from those of Title 5 to Title 38, with data supportive of the recommended changes which substantially might improve the recruitment and retention in each specific Medical Center.

The data from each Medical Center is summarized in Figures 1, 2 and 3 of this Exhibit. The individual surveys from each Medical Center have been retained in the Office of the Task Force Chairman.

Veterans Administration
Department of Medicine and Surgery
Washington, D.C. 20420

CIRCULAR 10-81-191

September 17, 1981

TO: Directors, VA Medical Center Activities, Domiciliary, Outpatient Clinics, and Regional Offices with Outpatient Clinics

SUBJ: Survey on Pay Related Matters for Selected Health Occupations RCS- 11-229-S

I. Background:

A. P.L. 96-330 contains a number of provisions designed to improve the recruitment and retention of VA personnel who provide direct patient care or services incident to direct patient care.

B. The CMD has organized several task forces whose assignment is to provide recommendations on implementation of the law. One of those task forces has been assigned specific responsibility for General Schedule (GS) health care perconnel in the Department of Medicine and Surgery. The efforts of this particular task force are focused on Sections 112 and 117 of P.L. 96-330.

C. The provisions of Section 112 are as follows:

1. This Section permits the VA Administrator to increase the minimum, intermediate, or maximum rates of basic pay of any GS employees involved with patient care, or providing services incident to patient care. However, administrative, clerical, physical plant maintenance and protective service employees are excluded from this authority.

2. These increases may be made on a nationwide or local geographic basis for one or more grades of one or more occupations.

3. The increase in basic pay may be made for any of the following reasons: (a) to provide pay levels competitive with the same category of employee in the non-Federal sector; (b) to achieve adequate staffing at a particular VA facility; and/or (c) to recruit personnel with certain specialized and demanding skills.

4. The Administrator will notify the President regarding the decision to increase basic pay. This decision will become effective unless objected to by the President within 90 days prior to the effective date of any proposed basic pay increases. The reasons for the President's objections to the proposed pay increase must be provided to the appropriate committees of Congress.

THIS CIRCULAR EXPIRES ON SEPTEMBER 16, 1982

C. Questions concerning the questionnaire or the study should be directed to E. M. Travers at FTS 389-2348 or 3118.

WILLIAM J. JACOBY, JR, M.D.
Deputy Chief Medical Director

Attachment

DISTRIBUTION: COB: (10) only plus (11B) 15
SS (101B1) FSB: MA, DO, OC and OCRO plus 200-8
EX: Box 44-6, Boxes 60, 54, 52-1 each & 63-5

CIRCULAR 10-81-191
September 17, 1981

Questionnaire on Recruitment and Retention of Health Care Personnel by the Veterans Administration

Instructions

1. Please provide all of the information requested in Section I of the questionnaire.

2. The following definitions should be utilized in Section I: (a) A health care facility is either a hospital, a nursing home, or an ambulatory care facility. Any one organization which includes more than one of these types of facilities should be counted as one facility. (b) Difficulty in recruitment means that a budgeted position (which could be filled promptly if a suitable candidate for it can be found) has remained vacant for at least three months despite continuous active recruitment activities. (c) Difficulty in retention means that more than 20% of the total number of members of a given occupational group submitted their resignations during the past fiscal year.

3. Complete the chart provided in Section II, in accordance with the following instructions:

Column	Proper Response
a. N/A	a. Place a "1" in this column if a particular job title does not exist at your facility. Place a "2" in this column if your facility employs individuals with this job title but you are experiencing no problems in their recruitment or retention. If an entry is made for N/A, other blanks in the line should not be completed.
b. Difficulty in Recruitment	b. 0 - No difficulty during past year. 1 - Some difficulty. 2 - Great difficulty.
c. Difficulty in Retention	c. Same scale as b. above.

CIRCULAR 10-81-191
September 17, 1981

RCS 11-229-6

Section I

General Information

Name of Medical Center: ______________________________

District #: ____

Region #: ____

Name and Title of Person Coordinating Completion of the Survey:

____

____

FTS: __________________

Check the Correct Response in Items 1 and 2 Below:

1. Number of Non-Federal Health Care Facilities Located Within 25 Miles of Your Facility:

   a. 0 ____
   b. 1 to 5 ____
   c. 6 to 10 ____
   d. Over 10 ____

2. Number of Non-VA Federal Health Facilities Located Within 25 Miles of Your Facility:

   a. 0 ____
   b. 1 to 5 ____
   c. 6 to 10 ____
   d. Over 10 ____

3. List the VA Health Care Facilities Located Within 25 Miles of Your Facility:

   a. ______________________________________
   b. ______________________________________
   c. ______________________________________
   d. ______________________________________

SECTION II: DATA ON DESIGNATED HEALTH CARE OCCUPATIONS

		a.	b.			c.			d.		e.		f.		g.		h.
NO.	JOB TITLE	N/A	DIFFICULTY IN RECRUITMENT			DIFFICULTY IN RETENTION			COMPARABLE PAY?		SHOULD RECEIVE PREMIUM PAY?		SHOULD BE TITLE 38?		INCREASE IN BASIC PAY?		# BUDGETED BUT UNFILLED POSITIONS
			0	1	2	0	1	2	YES	NO	YES	NO	YES	NO	YES	NO	
630	Dietitian																
631	Occupational Therapist																
633	Physical Therapist																
635	Corrective Therapist																
636	Several Types of Rehab. Therapy Assists.																
637	Manual Arts Therapists																
638	Recreation Therapist																
639	Education Therapist																
642	Nuclear Medicine Technician																
644	Medical Technologist																
645	Medical Technician																
646	Cytology Tech Histopathology Tech																
647	Medical Radiology Tech																
648	Therapeutic Radiology Tech																
649	Electrocardiology Tech																

SECTION II: DATA ON DESIGNATED HEALTH CARE OCCUPATIONS

NO.	JOB TITLE	a.	b.			c.			d.		e.		f.		g.		h.
		N/A	DIFFICULTY IN RECRUITMENT			DIFFICULTY IN RETENTION			COMPARABLE PAY?		SHOULD RECEIVE PREMIUM PAY?		SHOULD BE TITLE 38?		INCREASE IN BASIC PAY?		# BUDGETED BUT UNFILLED POSITIONS
			0	1	2	0	1	2	YES	NO	YES	NO	YES	NO	YES	NO	
682	Dental Hygienist																
683	Dental Laboratory Technician																
699	Health Tech/ Ultrasound																
699A	Health Tech. Spinal Cord Injury																
699B	Dietetic Assistant																
699C	Health Tech/ Hearing																
699D	Health Tech/ Optometry																
699E	Health Tech/ Speech																
699F	Health Tech/ Electron Micro																
699G	Health Tech/ Radiology																
699H	Health Tech/ Ophthalmology																
699I	Echocardiographic Technician																
699J	Orthopedic Technician																
699K	Rehab Tech/ Alcoholism																
699L	Rehab Tech/Drug Dependence																
699M	Rehab Tech/ Alcohol & Drug																

Section III

OTHER PROPOSED ACTION
(Use additional sheets if necessary)

JOB TITLE NO.	PROPOSED ACTION

EXHIBIT H

DISTRIBUTION OF SPECIAL PAY RATES
FOR SELECTED OCCUPATIONS IN VA MEDICAL CENTERS

TABLE OF CONTENTS

SPECIAL SALARY RATES IN VA MEDICAL CENTERS

FIGURES AND TABLES:

TABLE 1. GEOGRAPHIC DISTRIBUTION OF OPM SPECIAL SALARY RATES BY OCCUPATION

FIGURE 1. PREMIUM PAY SITES IN MEDICAL CENTERS

TITLE 38 SPECIAL RATE POLICY AND THE OCTOBER 1981 PAY INCREASE

LETTERS PERTINENT TO SPECIAL PAY RATES

SPECIAL SALARY RATES IN VA MEDICAL CENTERS

Since 1980, health care occupations have accounted for almost 75% of OPM's locality special rates program. These authorizations require considerable staff work for the initial review when special rates are requested, and for the annual review process to assure that the rates are still warranted.

They were instituted to provide recruitment incentives for difficult-to-find special occupations within the VA Medical Centers, particularly for nurses. Most of the occupational categories receiving special rates are now in the area of nursing and technological occupations*, and are widely distributed in the United States**.

The current OPM process has significant problems related to the adequacy and quality of justification for the special rate increase by:

- The VA facility submitting the request
- The intermediary OPM review process at the level of the area and regional offices.

This has been evident to officials within the Veterans Administration since 1980, when VA and OPM Pay Administration officials met to discuss the possibility of eliminating the OPM and regional offices, and providing appropriate training and guidelines to field station personnel staff who would be involved with the submission of special rate requests.

---

*Table 1 this Exhibit, and Figure 3, Exhibit G

**Figure 2 this Exhibit

TABLE 1
GEORGRAPHIC DISTRIBUTION OF OPM
SPECIAL SALARY RATES BY OCCUPATION

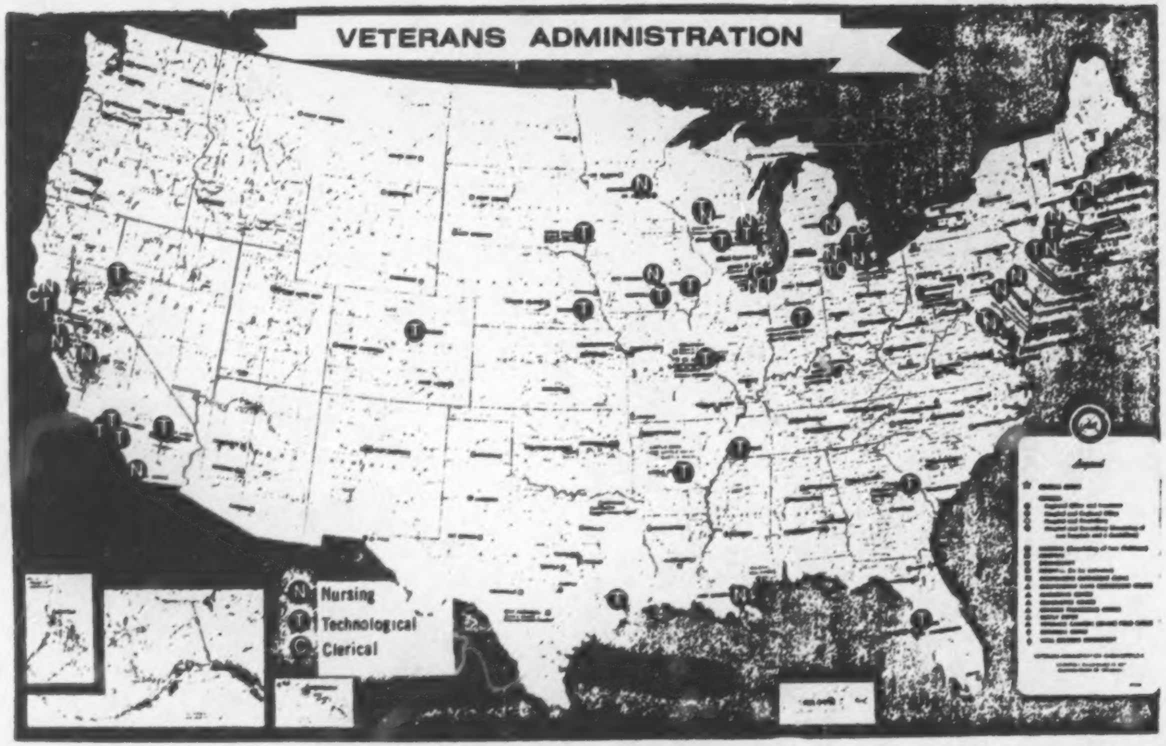
SERIES	TITLE	STATIONS
GS-621	LPN/LVN	Newington, CT Boston, MA New York City, NY Westchester County, NY Suffolk County, NY Philadelphia, PA Cook County (chicago), IL Allen Park, MI Ann Arbor, MI Saginaw, MI Minneapolis, MN Wood, WI Tomah, WI Des Moines, IA Palo Alto, CA San Francisco, CA Oakland, CA San Deigo, CA Fresno, CA Portland, OR
GS-648	Therapeutic Radiology Technologist	Boston, MA New York, NY Washington, D.C. Wood, WI Iowa City, IA Palo Alto, CA Seattle, WA
GS-649	Inhalation Therapy Technician	West Haven, CT New York, NY Suffolk County, NY Madison, WI Iowa City, IA Palo Alto, CA Seattle, WA
GS-699	Ultrasound Technologist	West Haven, CT Spokane, WA
GS-642	Nuclear Medicine Technician	West Haven, CT New York, NY Washington, D.C. Wood, WI

GS-601	Nuclear Medicine Technologist	New York, NY Wood, WI
GS-631	Occupational Therapist	New York, NY Suffolk County, NY
GS-633	Physicial Therapist	New York, NY Suffolk County, NY Memphis, TN Allen Park, MI Ann Arbor, MI Tomah, WI Little Rock, AR Sioux Falls, SD Palo Alto, CA
GS-644	Medical Technologist	New York, NY Washington, D.C. Memphis, TN Allen Park, MI Ann Arbor, MI Wood, WI Denver, CO San Francisco, CA Oakland, CA Reno, NV Los Angeles, CA Loma Linda, CA
GS-647	Diagnostic Radiologic Technologist	New York, NY Suffolk County, NY Sepulveda, CA Long Beach, CA San Francisco, CA Oakland, CA Wadsworth, CA
GS-699	Echocardiograph Technician	New York, NY
GS-649	Heart Lung Machine Technician	Augusta, GA Tampa, FL Indianapolis, IN Wood, WI LA and San Bernadino Counties, CA
GS-699	Health Technician	Wood, WI
GS-677	Orthotist and Prosthetist	San Antonio, TX San Francisco, CA Oakland, CA

GS-682	Dental Hygienist	Knoxville, IA State of California
GS-646	Histopathology Technician	Los Angeles, CA
GS-649	Hemodialysis Technicians	San Jose, CA
GS-660	Pharmacist	San Francisco, CA LA, CA San Bernadino Counties, CA
GS-661	Pharmacy Technician	San Francisco, CA Oakland, CA
GS-701	Veterinary Medical Officer	Worldwide

FIGURE 1

PREMIUM PAY SITES IN VA MEDICAL CENTERS[†]



[†] as of Oct 1 1981

SPECIAL RATE POLICY AND THE OCTOBER PAY INCREASE

On the Friday immediately preceeding the October 4, 1981 pay increase, OPM notified VA and other agencies by telephone that employees on special salary rates would not receive the 4.8 percent pay increase received by other General Schedule Employees. This eleventh hour decision by OPM departed from the OPM past-practice of many years in granting the increases generally to all GS employees, including those on special rates authorized by OPM for recruitment and retention purposes.

With this decision, each of approximately 4,000 VA special rate employees have had his/her rate set at the nearest rate on the new pay schedule which does not result in a pay loss. This process resulted in minor pay increases, but less than the full 4.8 percent the employees had been expecting.

Veterans Administration
Office of the Administrator
of Veterans Affairs
Washington, D.C. 20420

DEC 31 1981

Mr. Chuck Wilson
Laboratory Service (113)
VA Medical Center
4150 Clement Street
San Francisco, California 94121

Dear Mr. Wilson:

This is in reply to your letter of November 8, 1981, to the Vice President.

You and approximately 4,000 other VA General Schedule (GS) employees on special salary rates authorized by the Office of Personnel Management (OPM) for recruitment and retention purposes did not receive the full 4.8 percent October pay increase. Pay for GS employees on special rates is governed by Civil Service regulations issued by the OPM. When the regulations are applied, they result in denying the full benefit of the October pay increase to employees on special salary rates.

Since 1969, the OPM had waived the application of its regulations each October, thereby permitting employees on special rates to receive the full benefit of pay increases. Therefore, based on this practice, we can understand why you and other special rate employees had expected to receive the full 4.8 percent increase authorized for other employees this October.

OPM staff officials have advised us that the intent of the OPM regulations is to provide for an interim pay adjustment pending the results of the OPM annual review of special salary rate authorizations. This review, which includes an analysis of labor market conditions and agency staffing experiences, will soon be completed, and may result in upward pay adjustments in some areas.

Sincerely,

SIGNED AND DISPATCHED
DEC 31 1981

ROBERT P. NIMMO
Administrator

cc: DM&S Pathology Service -- 113
ATTN: E. Travers, M. D.

Concurrence: (10) ______

CJKelley:ljm - 12/24/81 057 05B 05A 05

Department of Medicine
and Surgery
Washington, D.C. 20420

Veterans
Administration

DEC 30 1981

Director
Veterans Administration
Medical District #27
211 Main Street
San Francisco, CA 94105

SUBJECT: Denial of 1981 General Pay Increase
(your letter 10-19-81)

1. We also are concerned about the Office of Personnel Management's (OPM) administration of special salary rates under 5 U.S.C. 5303. OPM's decision to withhold the full 4.8 percent comparability increase from special rate employees has caused employee morale and other problems, and we believe that OPM should have consulted with VA and other agencies prior to making the decision.

2. We recognize the need to address pay related staffing problems by establishing a special salary rate program under Public Law 96-330. Implementing such a program currently is one of the highest DM&S priorities and we anticipate the program will be in operation by February 1982.

DONALD L. CUSTIS, M.D.
Chief Medical Director

In Reply Refer To: 057D

Department of Medicine and Surgery
Washington, D.C. 20420

Veterans Administration

Director (00-11-05)
VA Medical Center
11201 Benton Street
Loma Linda, CA 92357

SUBJECT: P.L. 96-330 and Medical Technologists

1. Medical technologists at VA health-care facilities in California and Nevada have recently written letters to the Administrator, Chief Medical Director, Director, Pathology Service, and members of Congress. In these letters the technologists have expressed various concerns regarding pay, staffing, and classification matters, and the need to apply certain provisions of Public Law 96-330 to medical technologists.

2. Based on Chief Medical Director task force recommendations, officials of the Department of Medicine and Surgery and the Office of Personnel are currently developing policies for implementing a VA special rate program under Section 112 of Public Law 96-330 applicable to medical technologists and other DM&S General Schedule health-care employees. This section provides authority for the Administrator to establish special salary rates for DM&S GS health-care personnel providing direct patient-care services or services incident to direct patient-care services such as medical technologist services. The authority may be used to provide competitive pay, to achieve adequate staffing, or to recruit personnel with specialized skills. One of the highest priorities has been placed on implementing this authority in VA to help overcome pay related staffing problems in certain geographic areas. In the interval between now and VA implementation of Section 112, special salary rates may continue to be approved by the Office of Personnel Management under 5 U.S.C. 5303. Some relief should also be apparent with the upcoming October 1981 comparability increase.

3. Another section of Public Law 96-330 pertaining to DM&S GS health-care employees is Section 117. This section requires VA to conduct a study of GS health-care occupations in DM&S to determine which of these occupations should be converted to the title 38 personnel system so as to improve patient care, alleviate recruitment and retention problems, and improve employee morale. Results of this study must be submitted by March 1982 to the Committees on Veterans Affairs of the Senate and House of Representatives and include any VA recommendations for administrative or legislative action. For any health-care occupation not recommended for conversion to title 38, the VA must indicate the desirability of employees in the occupation being eligible for the premium pay provisions applicable to title 38 registered nurses.

In Reply Refer To: 057D

This study also has high priority and a special CMD task force has been working on it for several months. As part of the study we intend to consider the views of Medical Center personnel currently employed in the occupations being studied.

4. With respect to classification standards, the Office of Personnel Management has recently completed a study of the Medical Technologist occupation and has developed tentative new Factor Evaluation System classification standards for this occupation. These tentative standards are now being reviewed by Federal agencies, including the VA, and other interested parties such as professional associations and unions. We believe that the tentative standards represent a significant improvement over the present standards and, if approved, will be of assistance in resolving some of the problems related to grade levels and classification of medical technologist positions.

5. Please bring the contents of this letter to the attention of medical technologists at your facility as well as any other category of employees who may be concerned. I hope this information will be helpful to them.

TURNER CAMP, M.D.
Associate Deputy
Chief Medical Director

EXHIBIT I

REVIEW OF PRIOR OCCUPATIONAL CONVERSIONS

FROM TITLE 5 TO TITLE 38

REVIEW OF PRIOR CONVERSIONS TO TITLE 38

In conjunction with this mandated study on the possible outcome of adding new personnel to the Title 38 personnel system, the Task Force noted prior inclusion of other personnel into the Title 38 system: (1) 1975 (Public Law 94-123) relating to physician assistants and expanded function dental auxiliaries and (2) in 1976 (Public Law 94-581) relating to optometrists and podiatrists. In each instance, the motivation for the Congressional action was, in part, to enhance the Agency's ability to recruit and retain these health care personnel to improve the quality of health care to eligible veterans in the most-appropriate and cost effective manner.

Employment of Physician's Assistants Under Title 38, U.S. Code, Chapter 73

The provisions of the Veterans Administration Physicians and Dentist Pay Comparability Act of 1975, Public Law 94-123 enacted October 22, 1975, relating to employment and pay of Physician's Assistants and expanded function Dental Auxiliaries under 38 U.S.C., Ch. 73, became effective November 23, 1975. PA's appointed under Title 38 are compensated by use of Nurse Schedule grade titles and related pay ranges, as set forth in MP-5, Part II, Chapter 3, Figure 1. Their basic rates of pay and additional pay are also determined in the same manner as prescribed for nurses. The approval authorities for appointments, pay determinations, advancements, leave matters, separations, and other personnel actions involving PA's are basically the same as the approval authorities for the same type of personnel action involving physicians, dentists, and nurses in noncentralized positions.

The VA estimated in its reports to the Congress a FY 1976 cost of $300,000 for conversion of PA's and Expanded-Function Dental Auxiliaries* to the Title 38 personnel system. Senate Report S-18301. C.R. Daily Digest 10-9-75.

Physician's Assistants have been successfully integrated into the clinical care delivery system.

Employment of Optometrists and Podiatrists Under Title 38

In 1976, Public Law 94-581 included the categories of optometrist and podiatrist under Title 38. Before that time, relatively few persons were employed in the Veterans Administration in these occupations, and there was no demonstrated recruitment, retention or continued vacancy problem which directly caused these occupations to be included under the provisions of Title 38.

The direct benefits obtained by these conversions were outstandingly demonstrated within a four year period, since both program areas within the Department of Medicine and Surgery were able to provide a higher quality of staff as well as considerably higher salaries which were competitive with the private sector, viz.,

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* Only nine employees remain in this category, according to VACO program officials.

TABLE (4)

Comparison of Employment of Optometrists* Under Title 5 and Title 38 U.S.C.

	5 U.S.C.	38 U.S.C.
Average Age	55	32
Graduate Education	4 Yrs.	8 Yrs. (O.D.)
Academy Status	No	Yes
Boards	No	Yes
Faculty Status	No	Yes
Part-time Practice	Yes	No
Salary	$18,000	$28,000
Total in DM&S (Full-Time)	8	57

Over 30 new hires were accomplished in 1978 to improve the prior staffing level of only eight optometrists. The Podiatric salaries and improvement in the ability to hire more qualified persons within the Veterans Administration are comparable, if not equal to the optometrists.

*Data provided by Central Office program officials - Conversion to Title 38 occurred in 1976.

Employment of Registered Nurses Under Title 38

Registered Nurses have been included under the provisions of Title 38 since the inception of the law in 1946 and have a different salary scale and an improved appointment process conducted through a Professional Standards Board at each Medical Center.

Title 38 has not solved the recruitment and retention problem for nurses. The national average turnover rate for VA Nurses in FY 1981 was 19.31%. However, some Medical Centers experienced much higher nurse turnover rates, up to 48.39% during FY 1981. In Medical Centers that have special salary rates for nurses, the special salary rates have assisted in recruitment and retention. However, many of these Medical Centers still have recruitment and retention problems.

This leads VA to believe that the appointment process benefits of Title 38 are not the sole reasons why other VA health care personnel wish to be included in this title. Some reasons for the failure of VA to recruit and retain nurses are insufficient pay, heavy workloads, lack of support services, rotations of tours of duty and lack of recognition. VA management and administrative persons have written numerous comments on this issue, and the program officials in Central Office agree that not all of the recruitment and retention problems with registered nurses have been solved by increasing either basic, special or premium pay, because these are only a few of the many complex issues which affect nursing shortages in VA Medical Centers.

Studies on this problem are in progress in DM&S (P.L. 96-330 Section 118). A report is mandated to Congress on or about February 1984.

EXHIBIT J

REVIEW OF OFFICE OF PERSONNEL MANAGEMENT SUPPORT FUNCTIONS

TABLE OF CONTENTS

REVIEW OF OFFICE OF PERSONNEL MANAGEMENT SUPPORT FUNCTIONS

- AREAS OF PERCEIVED DIFFICULTIES & PROPOSED CORRECTIVE ACTIONS
- APPLICATION PROCESS
- QUALITY OF CANDIDATES
- INADEQUACY OF PAY RATES

TABLE:

- BREAKDOWN OF MOST FREQUENT DELAYS WITH OPM MANAGEMENT OF APPOINTMENTS

REVIEW OF OFFICE OF PERSONNEL MANAGEMENT SUPPORT FUNCTIONS

Areas of Perceived Difficulties and Proposed Corrective Actions

Surveys of Medical Center Directors and other line managers in health care facilities indicate that three aspects of the competitive Civil Service Employment System administered by OPM are perceived as presenting varying degrees of difficulty in a medical care setting. These areas are described as follows:

o APPLICATION PROCESS:

The competitive examining process requires that job vacancies be published, applications accepted, and candidates ranked, rated and certified to selecting officials in an objective, standardized manner which excludes non-job related factors such as an applicant's political affiliation, marital status, or non-disqualifying handicap. This process assures every citizen the opportunity to compete on a equitable basis for positions for which he/she is qualified, and as such, is an important expression of public policy.

The competitive system requires a certain amount of time for an action to be fully processed. The emphasis is necessarily placed on the preservation of merit principles, rather than on meeting specific timeframes, in filling competitive positions. In addition, OPM must process requests for certification from a universe of Federal Agencies having similar and equally valid demands on its resources, and could not justifiably provide one Agency preferential treatment at the expense of other Agencies on a continual basis.

This time constraint produces a perceived burden for the Veterans Administration in accomplishing its mission of providing the highest quality care for its beneficiaries. The lack of availability of a highly trained health care professional to provide a diagnostic or therapeutic intervention can be life-threatening for a patient in a given situation. For this reason, the Veterans Administration feels that the application process for specified critical health care providers must be expedited to the maximum extent possible. This can be accomplished in a variety of ways, from improved collaboration with OPM certifying offices, to individual delegations of examining authority to VA facilities through a nation-wide Special Examining Unit administered by the Agency. The Veterans Administration intends to fully explore these options with OPM to implement them in the most mutually advantageous manner.

The timeframe difficulties implicit in the operation of a competitive system are compounded by the highly competitive nature of the labor market for health care professionals, and by health care providers in the private sector which offer employment on an immediate basis. In some occupational fields, many applicants simply defer filing an application for Federal Employment and accept a comparable position from among several other immediately available offers*. The Veterans Administration believes that this situation can only be addressed by providing the means to offer employment to qualified candidates and recommends that Licensed Practical Nurses, Physical Therapists and Respiratory Therapists be converted to Title 38, in part, for this reason.

The preponderance of VA health care providers will remain in Title 5 positions subject to the competitive process, and the Veterans Administration will work closely with the Office of Personnel Management to maximize the flexibilities in that system, and to make it as responsive as possible to the Department's needs.

*See Exhibit B - Summary of Comments from Medical Center Directors o QUALITY OF CANDIDATES

The health care occupations are increasingly reliant on technological equipment that has become more refined and sophisticated during the past five to ten years. The rate of this change, and its effect on the actual knowledges and skills required by the health care profession, has outstripped the administrative ability to develop and update sound rating guides and schedules with which to evaluate applicants. This trend, coupled with the increasingly sub-specialized practice within each discipline, has made it exceptionally difficult to identify candidates who have the requisite skills to fill a specific position. This burden falls particularly heavily on OPM examiners who must examine and certify job applicants in hundreds of occupational families.

One consequence of this process has been the certification of applicants to VA Medical Centers who do not seem to be qualified for a given position, although they meet basic qualification requirements. This is perceived as a significant problem by VA managers, who feel it occurs with increasing frequency. (See Exhibit B - Summary of Management Comments)

The Veterans Administration intends to work with the Office of Personnel Management in dealing with these problem areas by improving the usefulness of the selective factors and quality rating factors it provides to OPM in its requests for eligible candidates. In addition, the Department intends to become more involved in the examining system itself, under OPM guidelines and supervision. The involvement will range from providing subject matter experts to OPM to assist in examining candidates, to assuming full examining authority for individual occupations on a local basis, through establishing a Special Examining Unit for several occupations on a nation-wide basis.

o INADEQUACY OF PAY RATES

The labor market for health care professionals is particularly competitive, and this reflects itself in the high salaries that these individuals can command, particularly in large private sector labor markets. Health care employers in the private sector have been able to pass these increased costs along to health care insurors.

However, the Veterans Administration is dependent upon special salary rates approved by OPM to recruit qualified persons in these situations. The workload generated by the Department of Medicine and Surgery now accounts for 75% of the total program, and has impacted greatly on OPM's available resources. This workload, coupled with the vague or inadequate documentation sometimes submitted by VA facilities, has resulted in instances of protracted review before a decision is published. In addition, the requirements of the statute governing the program, 5 USC 5303, require that there be a significant disparity between private and federal pay rates before corrective action may be taken.

The Veterans Administration intends to begin to utilize its authority to propose locality pay rates under Section 112 of P.L. 96-330, subject to review by the President or his agent. This action should provide for a more expeditious review and improve the quality of the submissions. It will aslo free resources utilized by OPM, which may be used more effectively in the review process for proposed rates.

TABLE 1

BREAKDOWN OF MOST FREQUENT DELAYS WITH OPM MANAGEMENT OF APPOINTMENTS

	Medical Centers Responding
Long delays in receiving certificates	96
Declinations and failures to reply	85
Lack of eligibles	83
Poor quality of eligibles	72
MAR* system generally	55
Long delays in rating applications	37
Area Offices excessive reliance on New Hires Estimates	28
Loss of good applicants because registers are closed	26
OPM inadequate recruitment or recruitment in the wrong places	25
Registers not established even though positions were listed in New Hires Estimates	19
Applicants do not understand OPM application procedures	12
Federal Job Information Centers give wrong information to potential applicants	12
Out-of-date registers	19
Referral of applicants who do not meet qualification standards	17
Self-certification of typing and/or stenographic skills does not assure adequate ability	7

*Managed Approach to Recruitment System

EXHIBIT K

ASSESSMENT OF FUTURE TRENDS
IN
HEALTH CARE DELIVERY

TABLE OF CONTENTS

ASSESSMENT OF FUTURE TRENDS IN HEALTH CARE DELIVERY

FIGURES & TABLES:

FIGURE 1. THE EXPANSION OF HEALTH CARE TECHNOLOGY SINCE 1970

TABLE 1. OCCUPATIONS FOR WHICH COLLEGIATE PREPARATION MAY BE AT THE ASSOCIATE DEGREE LEVEL OR LESS

TABLE 2. OCCUPATIONS FOR WHICH COLLEGIATE PREPARATION IS AT THE BACCALAUREATE LEVEL OR HIGHER

TABLE 3. PROFILE OF EDUCATION AND TRAINING ACTIVITIES

FIGURE 4. THE RELATIONSHIP OF HEALTH CARE OCCUPATIONS TO PATIENT CARE IN VA MEDICAL CENTERS

FIGURE 5. THE FUNCTIONAL INTERRELATIONSHIP OF SERVICES WITHIN A VETERANS ADMINISTRATION MEDICAL CENTER

ASSESSMENT OF FUTURE TRENDS IN HEALTH CARE DELIVERY

Although the physician is responsible for overall management of the patient's course of care, and integrates the activities of other health care personnel in the Veterans Administration, tremendous advances in technology have given rise to important, highly sophisticated and technical occupations which complement the physician with improved information for diagnosis and therapeutic intervention. The modern physician cannot practice in a VA hospital without the aid of advanced biomedical instruments and allied health professionals trained in therapeutic and diagnostic subspecialties.

This evolution has resulted in a larger number of emerging health care occupations. The phenomenal growth of these occupations is depicted in this Exhibit, Figure 1, and is expected to continue. The educational credentials for these occupations are also noted in attached Table 1, as well as the number of such individuals training with the Veterans Administration. The educational credentials of many of these allied health care personnel now include more basic science than may be required in the average medical school curriculum and continues to become more rigorous. Furthermore, VA Medical Centers are affiliated with over 100 educational institutions (Table 3, this Exhibit), to improve the quality of care to patients.

It is possible to conceptualize the Health Care Delivery System composed of four tiers:

- Physician
- Patient Support Group
- Technological Group
- Consultative Group

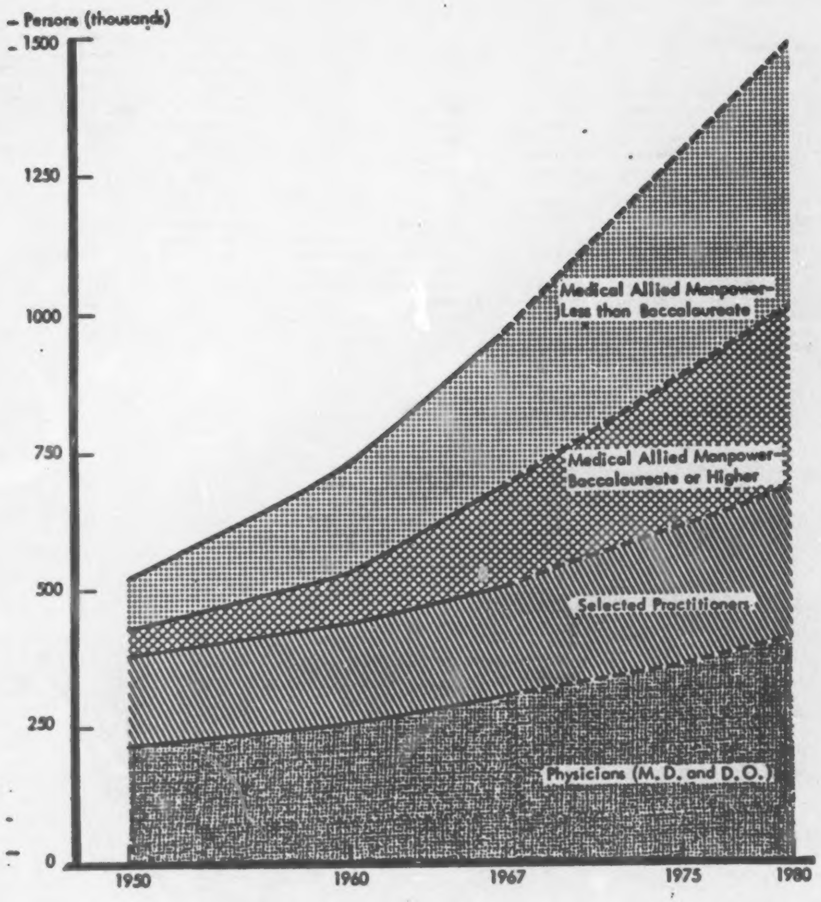
It seems apparent that the role of the latter three groups will increase exponentially in the near future with other explosive advances in technology and medical science. As these occupations become more sophisticated, it is important that the Veterans Administration have a personnel system flexible enough to continue to attract, remunerate and retain these professionals in a very competitive labor market. The VA must be able to make judicious use of its authority under both Title 38 and Title 5 to deal with health care progress of the future.

It is impossible to separate the functional applications of these groups, since any person who knows the operation of a good hospital will testify to the need for all of these groups to interact and work side by side*. This categorization is not unique to the survey conducted by DM&S. It was proposed in the 1977 NAS Report (Ref 4, Exhibit W) in chapter on Allied-Health, Technical and Support Staffing to estimate the "needed" staff in each sample hospital which was studied for its measurement of current workload. The NAS Study found that staffing in 1976 was 97% of needed staffing in the allied health, technical and support staffing with moderate variation among hospitals, and even greater variation by type of service.

*Figure 2 & 3, this Exhibit

FIGURE 1

THE EXPANSION OF HEALTH CARE TECHNOLOGY SINCE 1970



*USDHEW DATA, Ref. 7, Exhibit W

TABLE 1

Occupations for Which Collegiate Preparation May Be at the Associate Degree Level or Less

Lower Division Certificate Programs Only	*Associate Degree Programs Only*	*Associate and Certificate Programs*	*Associate and Baccalaureate Programs*	*Associate, Certificate, and Baccalaureate Programs*	*Associate, Baccalaureate, and Graduate Programs*	*Certificate, Associate, and Graduate Programs*	*Certificate, Associate, Baccalaureate, and Graduate Programs*
Unit clerk Medical lab assistant Dietetic assistant Ambulance attendant Respiratory therapy technician Homemaker/home health aide Ophthalmic laboratory technician	Cardiopulmonary technician Ophthalmic optician Physical therapy assistant Child care worker	Medical office assistant Medical/dental secretary Histologic technician Dental assistant Dental technician Dietetic technician Emergency medical technician Environmental engineering assistant Electroencephalographic technologist/technician Medical record technician Medical transcriptionist Mental retardation aide Psychiatric technician Operating room technician Ophthalmic dispenser Optometric assistant/technician Occupational therapy assistant Medical lab technician Radiation therapy technologist/technician	Long-term care administrator Environmental health technician Mental health technologist Orthotist/prosthetist Physician assistant/specialty Rehabilitation counselor aide	Biomedical engineer technician Cytotechnologist Dental hygienist Human services technologist/technician Mental health associate/technician/assistant Nuclear medicine technologist/technician Geriatric care worker Physician assistant (primary care) Radiologic technologist/technician Respiratory therapist	Health care assistant administrator School health educator Industrial hygienist Public health practitioner, NEC	Alcohol/drug abuse specialist	Community health worker

TABLE 2

Occupations for Which Collegiate Preparation Is at the Baccalaureate Level or Higher

Baccalaureate Programs Only	*Certificate and Baccalaureate Programs*	*Baccalaureate and Graduate Programs*	*Certificate, Baccalaureate, and Graduate Programs*	*Graduate Programs Only*
Allied health educator Microbiology technologist Community/public health educator Dietitian Medical communication specialist Medical illustrator Medical record administrator Manual arts therapist Corrective therapist Rehabilitation therapy technician Music therapist Speech pathologist (pre-master's) Speech pathologist/audiologist (pre-master's)	Specialist in blood bank technology Medical technologist Sanitarian aide Orthoptist	Health care administrator Dietician/nutritionist Nutritionist Environmental engineer Sanitarian Health educator Occupational therapist Physical therapist Art therapist Recreational therapist Medical/psychiatric social worker Rehabilitation counselor Speech pathologist/audiologist Health physicist	Occupational therapist Biomedical engineer	Biostatistician Audiologist Speech pathologist

Note: This table includes only those occupations for which 5 or more collegiate programs were identified. Occupations listed under a combination of degree levels had at least 2 collegiate programs at each degree level in the combination.

Source: ASAHP 1976 Collegiate Inventory.

TABLE (3)

PROFILE OF EDUCATION AND TRAINING ACTIVITIES

OFFICE OF ACADEMIC AFFAIRS, DM&S, VA . MARCH 1982

MEDICAL AND DENTAL SCHOOL AFFILIATIONS - FY 81

	Affiliates	VAMC's	VAOPC's
Medical Schools	100	133	43
Dental Schools	52	75	2

OTHER HEALTH PROFESSIONS & OCCUPATIONS AFFILIATIONS -FY 81

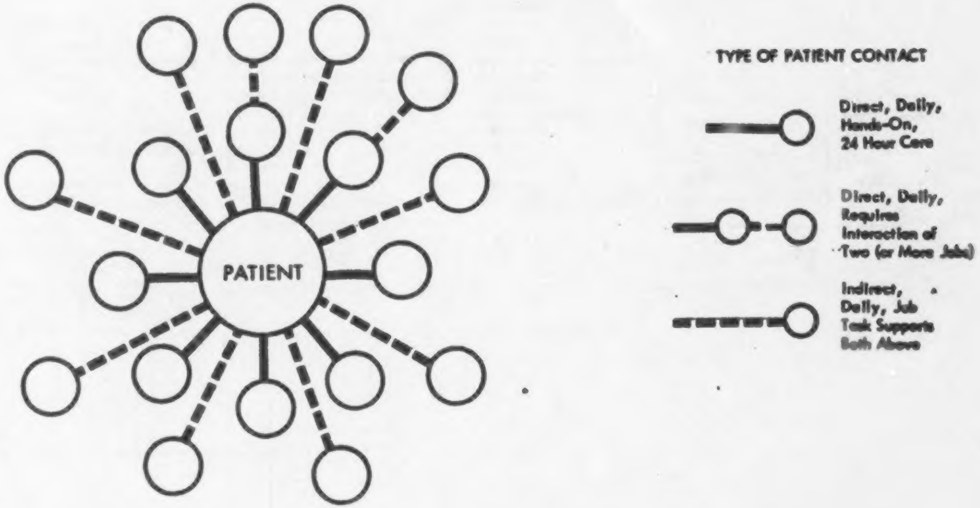
	Affiliates	VAMC's/VAOPC's
Dietetics	91	74
Nursing	406	158
Optometry	15	24
Pharmacy	75	82
Podiatry	9	28
Psychology	201	125
Rehabilitation	175	110
Social Work	135	142

NUMBER OF TRAINEES REPORTED

	Actual		Estimated	
	FY 80	FY 81	FY 82	FY 83
Physician House Staff	24,286	25,036	25,160	25,220
Medical Students	20,427	20,106	20,100	20,100
Dentist House Staff	706	748	750	762
Dental Students	1,216	1,439	1,450	1,450
Nursing	27,699	26,853	26,850	26,850
Psychology	1,164	1,173	1,200	1,200
Social Work	1,029	896	900	900
Other Health Professions & Occupations	19,355	19,759	19,790	19,890
Administrative	788	848	800	800
Total	96,670	96,858	97,000	97,172
% Without Compensation	81%	80%	80%	80%

Figure 4

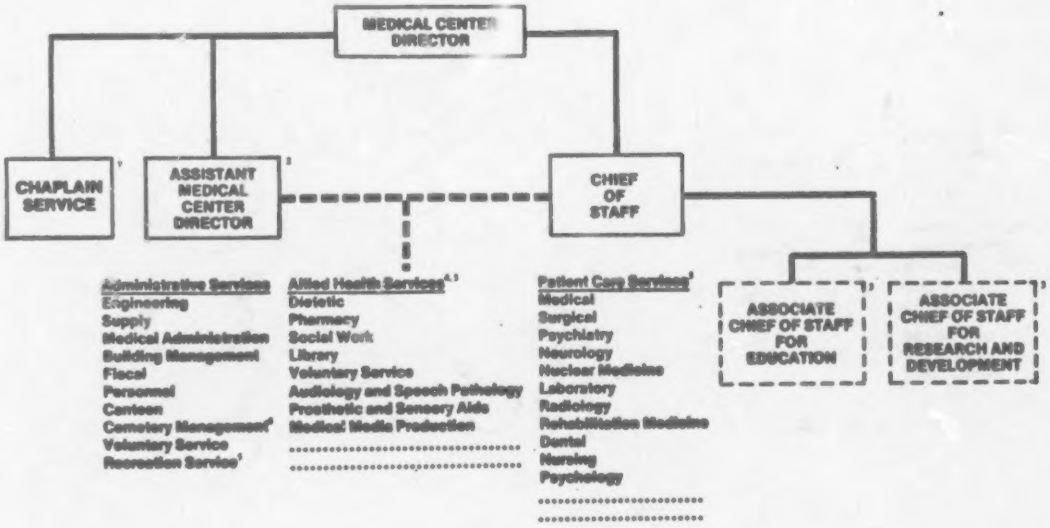
The Relationship of Health-Care Occupations to Patient Care in VA Medical Centers *


PATIENT
TYPE OF PATIENT CONTACT
Direct, Daily, Hands-On, 24 Hour Care
Direct, Daily, Requires Interaction of Two (or More Jobs)
Indirect, Daily, Job Task Supports Both Above

Designed and
* Approved by Task Force On Pay-Related Matters, (P.L. 96-330, 117)
Department of Medicine and Surgery
Veterans Administration Central Office
Washington, D.C., 1981

FIGURE (5)

THE FUNCTIONAL INTERRELATIONSHIP OF SERVICES WITHIN A VETERANS ADMINISTRATION MEDICAL CENTER†



†VA ORGANIZATION MANUAL M-00-1
Change 3

EXHIBIT L

ASSESSMENT AND COMPARISON OF TITLE 5 VERSUS TITLE 38 AS A SYSTEM FOR EMPLOYING HEALTH CARE PROFESSIONALS

TABLE OF CONTENTS

ASSESSMENT

- FACTORS CONSIDERED FOR CONVERSION OF TITLE 5 HEALTH CARE OCCUPATIONS TO TITLE 38
  - IMPROVED HEALTH CARE DELIVERY
  - COST OF CONVERSION
  - COMPETITIVE VS. NON-COMPETITIVE EMPLOYMENT
- EFFECT OF TITLE 38 ON SALARY INCREASES
  - PAY SCALES AND THE STRUCTURE OF A PROFESSIONAL STANDARDS BOARD IN A VA MEDICAL CENTER
  - SPECIAL PROBLEMS
  - CALCULATING DIFFERENCES IN PAY BETWEEN TITLE 5 AND TITLE 38
  - NATIONAL DIFFERENCES IN VA PAY STRUCTURE
  - EXPLANATION OF PAY DIFFERENCES TO FIELD PERSONNEL OFFICERS
  - EXPLANATION OF DIFFERENCES AND BENEFITS OF AN BETWEEN TITLE 5 AND TITLE 38
  - COMPENSATION AND OTHER BENEFITS
- IMPACT OF CONVERSION OF OCCUPATIONS TO TITLE 38 ON PERSONNEL ADMINISTRATION SERVICES
  - ESTIMATE OF PERSONNEL AND WORK HOURS TO DEVELOP TITLE 38 QUALIFICATION STANDARD FOR LICENSED PRACTICAL NURSES (LPN/LVN)

COMPARISON

- COMPARATIVE INFORMATION FOR TITLE 5 AND TITLE 38

  - PAY ADMINISTRATION
    BASIC PAY - TITLE 5/TITLE 38
    PREMIUM PAY?HOURS OF DUTY TITLE 5/TITLE 38
    ADVANTAGES OF TITLE 38 FOR BASIC AND PREMIUM PAY
    DISADVANTAGES OF TITLE 38 FOR BASIC AND PREMIUM PAY
    COST CONSIDERATIONS - BASIC AND PREMIUM PAY

  - COMPETITIVE SERVICE VS. NON-COMPETITIVE SERVICE

  - THE IMPACT ON THE APPOINTMENT PROCESS
    ADVANTAGES OF TITLE 38
    DISADVANTAGES OF TITLE 38
    COST IMPLICATIONS

  - THE IMPACT OF JOB GRADING
    ADVANTAGES OF TITLE 38
    DISADVANTAGES OF TITLE 38
    COST CONSIDERATIONS

  - THE IMPACT ON LEAVE
    ADVANTAGES OF TITLE 38
    DISADVANTAGES OF TITLE 38
    COST CONSIDERATIONS

TABLES

TABLE 1 CONCISE SUMMARY OF ADVANTAGES AND DISADVANTAGES

TABLE 2 MASTER COMPARISON OF PERSONNEL SYSTEMS FOR TITLE 38 PHYSICIANS, DENTISTS, NURSES, PODIATRISTS, OPTOMETRISTS, EFDA's AND TITLE 5 EMPLOYEES

FACTORS CONSIDERED FOR CONVERSION OF TITLE 5 HEALTH-CARE OCCUPATIONS TO TITLE 38

Once the objective and subjective criteria from the surveys were analyzed for each occupational category, the Task Force determined that three major factors must be considered to convert an occupation to Title 38. These were 1) the likelihood of improved health-care delivery, 2) the cost of conversion, and 3) competitive vs. non-competitive (excepted service) employment. These factors are discussed in detail below:

- Improved Health-Care Delivery

An essential consideration was if conversion will result in improving VA's ability to deliver health-care. Will conversion necessarily result in improved staffing? Will conversion result in improved employee morale? Will the conversion result in improved employee both converted and non-converted? For example, if one occupation is brought under Title 38 for all purposes and a similar occupation is not, the employee in the occupation not chosen for conversion may perceive this a inequitable. Employee morale problems which may escalate to increased employee relations problems may result. Although VA may achieve a minor improvement with respect to its recruitment and retention, this may be outweighed by significant employee relations problems.

- Cost of Conversion

The Task Force felt that a massive conversion of the 37 occupations under consideration was prohibited in these times of fiscal restraint. For example, conversion of all Title 5 health-care occupations to the Title 38 leave system applicable to nurses may result in the need for a large additional staff with associated costs. All the affected employees would receive 8 hours of annual leave per pay period regardless of length of service. Under the Title 5 leave system, employees earn 4, 6, or 8 hours of annual leave per pay period based on length of service. The additional leave accrual under Title 38 might result in more employees being unavailable for work for longer periods. Coverage needs may dictate increased staffing levels or overtime.

(NOTE: It should be emphasized that costs of conversion for occupational title were calculated after the Task Force decided on the importance of the occupational title to improved health care delivery.)

- Competitive vs. Non-competitive Employment

Although the views of employees and other groups are important and should be considered, the Task Force belived that competitive versus non-competitive (excepted) service, costs, and improved health-care delivery should be the 3 final major factors influencing recommendations to Congress on which occupations should be converted to Title 38. These factors were balanced one against the other and, in our opinion, costs and improved health-care considerations were given the greatest weight. However, we see the need also to be sensitive to the issue of competitive vs. excepted service and the principle underlying Federal employment generally, i.e., unless there are persuasive reasons otherwise, individuals seeking Federal employment should have an equal opportunity to compete for Federal jobs.

EFFECT OF TITLE 38 ON SALARY INCREASES

The application of Title 38 to General Schedule employees may increase salaries of field DM&S employees in some manner, as time progresses.

First, there will no longer be the obligation to appoint employees at the step one level by a Professional Standards Board composed of hospital employees of comparable background and training, or in related technological or other specialty areas. The Professional Standards Board will be appointed locally by the Medical Center Director and will work with each local Personnel Office to accomplish grade setting based on local Medical Center salary funds available, vacancies available, the Medical Center's average grade and other local factors which apply.

The salary increases and overall increases in the individual Medical Centers' budget for personnel as a result of the conversion of employees in selected categories will depend on:

- How many employees are converted in each Medical Center.
- What is the basic salary range of the occupations.
- How many of the employees converted are merit pay, special pay or other premium pay categories.

There may be a need to establish a "Health Care Occupation Schedule" within the VA's personnel administration because some "slippage" may occur between the usual linkage required by law between the General Schedule and title 38 wage schedule.

This may necessitate some movement on the part of VACO to stop the increase. This may occur in occupations which are converted which have a large overall number of employees in each Medical Center, (viz., LPN) throughout the nation. The occurrence of the "slippage phenomenon" will not become obvious until some time after the actual process of salary setting by Professional Standards Board adjudication has been implemented and is working smoothly in field Medical Centers within DM&S.

PAY SCALES AND THE STRUCTURE OF A PROFESSIONAL STANDARDS BOARD IN A VA MEDIAL CENTER

Pay scales for Title 38, then, can only be set after an employees credentials and experience are reviewed by a group of peers established as a fixed body, with a written policy and mandate to employ persons according to their true qualifications. For the occupations converted to Title 38, pay will be determined in each VAMC* by a peer review process, based on many factors:

- The number of persons already employed at the Medical Center with the same qualifications, i.e., available vacancies for a particular job.

- The grade point average established for that hospital for the purposes of controlling "grade-creep" (slippage upwards in the overall grade point average of all employees in that Medical Center).

- The actual credentials submitted by that employee (degree(s), certificates, special proficiency exams, national awards, educational awards, etc.)

- The years of experience in the occupation for which the canadidate-employee is applying.

- The influence of higher salaries in private institutions in the immediate vicinity, which offers a much higher salary [illegible] competition for employees within that occupation.

- The cost of living in the geographic area in which the Medical Center is located.

- The "job pool" available in the local community for that occupation.

SPECIAL PROBLEMS

Some of the converted occupations may have no "professional standards" upon which an employee can be judged. These include the occupations with no degree, or educational credits less than a formal degree at any level. These occupations may have to be evaluated by a separate mechanism within the Medical Center, in lieu of a Professional Standards Board, since they cannot be qualified on any educational point except previous work experience in the occupation for which they are now seeking employment.

In other cases, a Medical Center may have so few persons in an occupation, that a district, regional or Central Office Professional Standards Board review process will have to be created within the Veterans Administration.

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* Or at the District, Regional or Central Office level for occupations with too few persons.

CALCULATING DIFFERENCES IN PAY BETWEEN TITLE 5 AND TITLE 38

The assumptions which must be considered to estimate the difference in salary that conversion to Title 38 may produce are:

- The suggestion that salaries will be increased for all persons converted to Title 38 is impossible to predict because of vast differences in education and experience of the employees in these occupations.

- There is no evidence that salaries will definitely increase for all employees, especially those without higher education and experience.

- Professional Standards Boards for occupations and specilities other than physicians, nurses, dentists, podiatrists, optometrists, physicians assistants, and extended function dental assistants do not exist at present within the Medical Centers, and there is no precedent on which to base differences in salary structure determination all three occupations recommended for conversion to Title 38.

Salary differences for each occupation are based on:

- each grade and step level within each occupation,
- merit pay
- premium pay
- overtime
- compensation time
- annual leave
- sick leave
- administrative
- extended annual leave for employees, with many years of service
- disability leave benefits and any other compensated employee benefit.

This points out the true difference between Title 38 and Title 5. Title 38 assesses the individual employee for his/her attributes gained by education and experience. Title 5 now places an employee in a job, without regard for the employees' personnel achievements, and does not reward the employees' initiative and dedication to continue their education and experience after employment in a VA Medical Center.

NATIONAL DIFFERENCES IN VA PAY STRUCTURE

The problems with a survey which projects a change is personnel administration practices to a large and varied number of persons and occupational categories is the impossibility of accurate prediction of local salary changes from a national viewpoint.

Most employees do not realize that even when OPM standards are followed, geographic sections of the United States are differentially paid, with special pay, and other premium pay mechanisms throughout areas of the nation (See Exhibit H) to enhance recruitment. These areas of the nation have already proved to be the most difficult to recruit and retain employees. They cluster around the greatest population and industrial-economic metropolis complexes, viz. Chicago and the Great Lakes Region, New York and the Northest Corridor, San Francisco, Los Angeles and the areas between.

EXPLANATION OF PAY DIFFERENCES TO FIELD PERSONNEL OFFICERS

The Task Force consulted with the VA Personnel Office, Chief of Pay Administration who recommended pay benefit explanations that would be more accurate to ask the individual personnel offices of each VA Medical Center to answer the pay-related questions of employees during the period of employee survey, since each hospital has its own complex pay administration structure and problems, especially those created with the nursing shortage and its amelioration in most Medical Centers with the granting of special pay premium pay benefits to Registered Nurses, and their subsequent conversion to Title 38 (date).

EXPLANATION OF DIFFERENCES AND BENEFITS OF AND BETWEEN TITLE 5 AND TITLE 38

To provide instructions to the field, VACO Pay Administration staff was marshalled and organized into a sub Task Force to deal with the issues which affect personnel. Six months prior to the employee survey, a series of meetings with the Task Force Chairman and the Pay Administration Chief from the VA Office of Personnel resulted in the production of a comprehensive revision of the original Title 5 and Title 38 laws into a smaller, more understandable summary. These summaries, and master comprehensive summaries of the differences were sent to each field hospital at the time of the management survey for hospital directors, Chiefs of Staff, Personnel Officers and Chiefs of Service.

COMPENSATION AND OTHER BENEFITS

Laws governing the pay of federal employees require linkage interrelationships between the General Schedule and Title 38 pay systems. This helps assure comparable rates of pay for occupations under these different systems and comparability with private enterprise pay rates for similar levels of work.

Consequently, it should be recognized that converting an occupation to title 38 may not necessarily improve salaries unless a "slippage" occurs as outlined in the previous section.

Title 5 employees who convert to Title 38, and who would not receive premium pay (e.g., overtime) would be under a calendar day hours of duty and leave system. Those who would receive such premium pay (now true for nurses) would be under an hourly system similar to that of Title 5 employees. The Administrator, however, would have the authority to establish flexitime and other than 40-hour weekly tours for those employees, except that they would continue to be entitled to receive overtime for more than 40 hours per week and/or per day.

The level of leave benefits for Title 5 employees would, on an overall basis, be basically equivalent upon conversion to title 38, except for annual leave. Employees would enjoy a substantial increase in the amount of annual leave that can be accumulated from year to year. Employees with less than 15 years of Government service would also enjoy a substantial increase in the amount of annual leave they can earn.

The Impact of Conversion of Occupations to Title 38 on Personnel Administration Services

The attempt to develop different mechanisms for processing employees for conversion from many different occupations will be a formidable task. Implementing such a multi-track system will be the responsibility of Personnel Services of each of the VAMCs in the system which will require extensive and repetetive VACO guidance in properly establishing Professional Standards Boards, solving problems in classification of occupational specialities, and resolving pay schedule differences which are certain to arise.

The Office of Personnel Management (OPM), as the Presidential monitor of the system, will have to be advised of the major changes in the system of registry and selection of employees DM&S. The VA's Office of Personnel is most familiar with OPM and its internal operations than any other portion of the agency. Futhermore, the Office of the Deputy Administrator of Personnel will undoubtedly serve as the VA's official liaison with OPM regarding the implementation of section 117 of P.L. 96-330. Accordingly, that office should be tasked with the responsibility of working with OPM on the development of the Executive Order which establishes the independence of the selected occupations within DM&S.

Since OPM will continue to process requests for increases in base pay for Title 5 occupations in all agencies other than the VA, it is unlikely that they will permit the VA to have less rigorous standards for defending increases in basic pay than it requires for other federal agencies.

If the conversion recommendations are accepted the Office of the Assistant Deputy Administrator for Personnel will establish a liaison with OPM for the purpose of contributing to the Executive Order that will govern the VA's proposed employee conversions to Title 38 and for premium pay benefits to DM&S employees under Title 5. This office should also be requested to develop a specific plan for VACO guidelines to Personnel Services in the field for implementation of the conversions.

There seems to be no reason for assigning responsibility for the VA's internal operation of the section 117 activities to any office other than that of the Assistant Administrator for Personnel. There is no other part of the agency with that office's experience with all of the aspects of personnel practices relevant to section 117.

Similarly, the office's field counterparts (i.e., Chiefs of Personnel Service and their staffs) can be expected to provide the necessary expertise for implementing the VA regulations arising from section 117 in conjunction with their Medical Center Director.

Training should be provided for field personnel in the methodology necessary for implementation of section 117. This might best be accomplished through development of educational tapes by the VA regional Medical Education Center. The major target for these tapes would be the staff of the field Personnel Services and the heads of the Services which employ Title 5 occupations included under P.L. 96-330.

A method should be developed for periodic evaluation of the operation of the section 117 authority. Reports listing the results of these periodic evaluations should be sent to the Chief Medical Director and the Administrator on an annual basis. Operating a system which produces regular evaluations of the section 117 authority will serve to expeditiously identify defects in that system, especially pay increases, and will help to correct their defects promptly. The system should be operated by the Deputy Administrator for Personnel and its progress should be monitored by an advisory group from DM&S which reports directly to the CMD.

ESTIMATE OF PERSONNEL AND WORK HOURS TO DEVELOP TITLE 38 QUALIFICATION STANDARD FOR LICENSED PRACTICAL NURSE (LPN/LVN)

The following estimate is based on past experience in developing both Title 5 and Title 38 qualification standards and in conducting job analyses to collect data necessary to that development. Developing a Title 38 qualification standard for LPN's will be more difficult and time consuming because of the differences in the Title 38/Title 5 systems. The fact that LPN's would be the first nonprofessionals in Title 38 would also cause problems in developing and adequate qualification standard. The grade in person concept used for current Title 38 positions appears impractical for nonprofessionals. Therefore a new concept will have to be developed for LPN qualification standards and for any other nonprofessional standards that may have to be developed.

We are projecting use of a Core Group which would have overall responsibility for the job analysis and development of the qualification standard. In addition, various ad hoc personnel would be called on for special input. Two Personnel Staffing Specialists would have overall lead responsiblity for the project.

- Project Estimates

  Personnel Involved:

  - Core Group

    2 Personnel Staffing Specialists (GS-13)

    5 Subject Matter Experts, including 3 LPN's and 2 RN's one of whom should be a Chief or Assistant Chief Nursing Service

    1 Clerical

  - Ad Hoc Group

    6 - 10 LPN's 1 from each of the following:

      Psychiatry
      Medical/Surgical
      Intensive Care
      Operating Room
      Spinal Cord Injury
      Possibly 3 or 4 other areas as indicated

    1 Classification Specialist
    1 Personnel Psychologist

COMPARATIVE INFORMATION FOR TITLE 5 AND TITLE 38 - PAY ADMINISTRATION

Basic Pay - Title 5

Rates of pay under the Title 5 General Schedule pay system are based primarily upon generally equal rates of pay for equal levels of responsibility. The General Schedule consists of eighteen grades or levels of work which are described broadly in law. Virtually any job can be accomodated within the schedule by evaluation of its level of duties, responsibilities, and qualification and position classification standards. The employees per annum salary rate is based on rendition of service (but not availability therefore) or authorized leave status on 40-hour weekly tour of duty. Individuals normally start at the minimum rate of the grade when initially appointed to a General Schedule position. However, individuals appointed at the GS-11 level or higher may be appointed at an above the minimum rate of the grade based upon superior qualifications.

Basic Pay - Title 38

The Title 38 pay system is essentially a "rank-in-person" system whereby the individual's grade and step rate are based on that person's qualifications rather than the duties and responsibilities performed. The individual is then paid a basic rate at the grade and step rate on the Title 38 pay schedule prescribed by law for the occupation involved.

The pay grade of Title 38 employees, however, is required by law to be linked to equivalent pay grades of other Federal pay systems, including that for General Schedule employees. Under the law, the duties and responsibilities of the position to which Title 38 employees are assigned at a given pay grade would be expected to equate to those performed by GS employees at the equivalent GS pay grade under the Position Classification Standards for the occupation involved. The pay systems for Title 38 employees are subject to audit by the Office of Personnel Management and the Office of Management and Budget for compliance with the statutory linkage requirement.

Nothwithstanding the normal regulations and procedures for determining the pay of a Title 38 employee, the Administrator may, upon recommendation of the Chief Medical Director, initially or subsequently adjust the basic pay grade and/or step of an employee in unusual circumstances when it is necessary to provide a rate which could otherwise not be authorized.

The employee's per annum salary as compared with Title 38 nurses is based on rendition of service (but not availability therefore) or authorized leave status on 40-hour weekly tour of duty.

Premium Pay/Hours of Duty - Title 5

Title 5 employees receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). They may generally request compensatory time off in lieu of overtime pay, for occasional, irregular overtime work performed, but employees with pay rates in excess of GS-10, step 10, are required to take compensatory time off unless overtime pay is approved by the appropriate VA official. The overtime rate may not exceed the overtime rate for the first step of GS-10. Employees also receive holiday pay (double time); Sunday pay (25%); night pay (10%); and standby premium pay (up to 25%). Non-exempt General Schedule employees are also subject to the provisions of the Fair Labor Standards Act which increases the costs associated with standby duty considerably.

Title 5 employees have a normal 40-hour Monday through Friday 5-day workweek. Health-care facility Directors can approve other tours when operations would be handicapped, adherence to normal tour is administratively impractical, or when cost would otherwise be substantially increased.

Premium Pay/Hours of Duty - Title 38

Title 38 nurses receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). Nurses may be granted compensatory time off in lieu of overtime if they voluntarily request it. The overtime rate may not exceed the overtime rate for the first step of nurse Intermediate grade. Employees also receive holiday pay for work on a holiday (double-time work plus overtime, where applicable), Sunday pay (25%), night pay (10%), and on-call status (10% of the overtime rate).

Title 38 nurses have a normal 40-hour 5-day workweek. Designated facility approving officials can approve other tours to meet continuous patient care needs when otherwise determined to be in the best interest of the service.

Although Title 38 physicians, dentists, podiatrists and optometrists may be normally scheduled for a 40-hour 5-day workweek, they are subject to call 24 hours a day, 7 days a week unless officially excused. These employees are not entitled to premium pay of any kind, but may be authorized time off for rest and relaxation following arduous duty.

Advantages of Title 38 For Basic And Premium Pay

Basic Pay

Instead of being limited to hiring at minimum rate, salary rates for new employees could be set at a higher step rate based on an individual's qualifications.

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VA could establish a special rate program similar to that used for RN's. Under this program:

VA could react on a more timely basis to locality pay-related staffing problems as compared to the OPM 5 U.S.C. 5303 special rate program or the Sec. 112, P.L. 96-330, authority which includes a 90-day Presidential review (may be delegated to OPM by Executive Order) before VA proposed special rates may be placed in effect.

VA would have total control (similar to nurse special rate program) without review by outside authority. Therefore VA could determine fully if special rates are justified based on VAMC submission and which approach (i.e., above-minimum hiring rates versus special rate ranges) is most appropriate to meet staffing needs.

A would not be subject to Title 5 pay regulations and policies, and could consequently determine, for example, whether October pay increases should, or should not, be passed on to special rate employees.

Premium Pay

Conversion of DM&S GS health-care employees to the premium pay entitlements applicable to Title 38 nurses would minimize premium pay disparity or equity problems between Title 38 and Title 5 health-care employees.

Employees who provide coverage outside regular duty hours could be placed in an on-call duty status similar to nurses. This would resolve a significant management problem in VA. Currently these employees, under Title 5 provisions, must be placed in a standby status to guarantee employee availability, which is costly (e.g., added FLSA costs), difficult to administer, and places significant restrictions on employees.

Disadvantages of Title 38

Pressures or practices to pay employees at a rate above the minimum based on more than minimum qualifications could result in significantly higher costs.

Although the rates may be justified and may help improve health-care staffing, a special rate program administered solely by VA would undoubtedly result in more special rates being authorized which would increase costs.

Cost Consideration - Basic Pay

Should the health-care occupations be converted to Title 38 for all purposes, the cost of conversion could substantially exceed the costs of the Title 5 system. For example, the appointment, classification, and pay system are closely interrelated. If Title 5 health-care employees are converted to Title 38 for appointment, classification, and pay purposes, it would be more difficult to control grade levels and alignment. This could result in grade "creep" with the majority of employees ending up at the "top end" of the grade structure for the occupation. Salary costs would increase substantially if this occurs.

If conversion to Title 38 was for job grading and pay purposes only, VA could continue administratively the application of existing Title 5 position classification standards to minimize grade creep. This approach would assure consistency and alignment, also allow VA to make job grading adjustments as necessary rather than wait for the Office of Personnel Management to conduct and complete a study, and VA would still have pay setting flexibility, as indicated below.

Conversion to Title 38 for pay purposes only would not be altogether without some increased costs, however. The extent of the increase would depend on whether a strict classification (rank-in-position) approach (as outlined above) with appointment only at the minimum rate, or a Professional Standards Board (PSB) approach was used. The Professional Standards Board could be empowered to bring employees in at the minimum rate only. This is the same as Title 5 and would be the least costly approach. The Professional Standards Board could perhaps bring employees on at the minimum rate with a provision for routinely appointing at a higher step rate based on experience. Another approach would be to bring the employees on at the minimum rate with exceptions provided only for clearly superior qualifications and/or experience. This, of course, would not preclude VA establishment of special rates or above minimum rates based on difficulties in recruiting or retaining employees.

Cost Considerations - Premium Pay

Whether or not conversion of GS health-care employees to Title 38 nurse premium pay entitlement would represent a cost or a savings is difficult to assess at this time and a comprehensive review appears necessary. Title 38 night shift differential (NSD) is more costly (e.g., the 4-12 afternoon tour means 8 hours NSD at 10 percent for a nurse but only 6 hours NSD at 10 percent for a GS employee). Title 38 overtime pay is also more costly because the overtime rate for nurses is limited to 1-1/2 times the rate for Intermediate grade, step one (GS-11/1 equivalent), whereas the overtime rate for GS employees is limited to 1-1/2 times the rate for GS 10/1. The actual costs associated with this overtime difference may be small however to the extent that analysis shows that most GS health-care employees who perform overtime work are at rates less than GS-10/1, or are employees who generally are required to take compensatory time off.

With respect to on-call pay for employees rather than Title 5 standby (and associated FLSA costs), there may be a cost savings. Further, the cost savings may be enough to outweigh additional cost associated with NSD or overtime mentioned above.

Another major cost could derive from the development of VA/DM&S specific qualification standards for those occupations converted to Title 38. These standards would have to be validated under the Uniform Guidelines and Employee Selection Procedures as required by Federal Equal Employment Opportunity enforcement agencies to comply with the Civil Rights Act of 1964 outlawing discrimination in employment.

A further significant increase in cost could result from the use of Professional Standards Boards to recommend the initial grade and step of employees who enter DM&S service. Under Title 5, employees enter Federal service generally at the minimum step of the grade. Under Title 38, the Professional Standards Board could set the employees step rate higher than the minimum rate based on experience, education, etc.

These are a few of the major cost factors involved with converting Title 5 employees to Title 38. In our opinion, cost is one of the key factors which must be considered. When recommending an occupation for conversion to Title 38, the determination must be made as to whether the need to convert and the increased costs involved outweigh retaining the occupation in the Title 5 competitive service.

COMPETITIVE SERVICE VS. NON-COMPETITIVE SERVICE

The majority of Federal employees occupy competitive service positions. The Title 5 competitive service was established to assure that applicants for Federal employment would compete on a somewhat equal basis for Federal employment. Applicants for employment are screened by the civil service examining system administered by the OPM (Office of Personnel Management). In this process, the applicant's experience and education are compared against established qualification standards. Applicants who meet the standard are then eligible for referral to requesting agencies on a certificate (list of eligibles). They are ranked on the certificate and agencies generally select the best available candidate of the top three candidates referred on the list.

Under the excepted service, e.g., Title 38, the applicant submits an application directly to the agency, or agency component, such as a VA Medical Center. The applicant is compared against applicable qualifications standards, but there is no requirement that the agency rank the applicant against others applying for the same position. An applicant may be "passed over" in favor of another applicant with less experience or educational background. This is the essential difference between the competitive and non-competitive services.

Wholesale conversion of Title 5 competitive service occupations to the Title 38 excepted service may violate the longstanding government-wide practice of appointing employees under competitive procedures. VA could come under heavy criticism from outside sources (OPM, OMB) if we convert large numbers of historically competitive service occupations to Title 38. One of the key factors for converting an occupation to Title 38 should be whether the need for conversion outweighs the concern for maintaining the competitive nature of the Federal-wide civil service.

THE IMPACT ON THE APPOINTMENT PROCESS

Comparative Information

Under Title 5, employees are normally appointed through the civil service examining system administered by the Office of Personnel Management. The grade of the position is established before recruitment based on an analysis of the duties and responsibilities assigned in comparison with the appropriate civil service classification standard. This represents a "rank-in-position" system. Individuals are hired generally at the minimum rate of the grade. However, at grades GS-11 and above appointment may be made at an above-the-minimum step rate based on an individual's superior qualifications.

Under Title 38, employees are appointed at the grade and/or step rate for which they qualify based on evaluation of the individual's qualifications by a Professional Standards Board as compared to minimum qualification requirements established by the Administrator for each grade. This represents a "rank-in-person" system. The individual is first appointed at the highest grade for which qualified. The appointee's basic pay rate may be set at any step of the grade based on superior qualifications, experience, or achievement exceeding the standards of the grade.

Advantages of Title 38

Employees can be hired directly by a facility without delay in obtaining a certificate of eligibles from the Office of Personnel Management (OPM). Since VA would not be restricted to those employees certified under OPM examination procedures, more candidates should be available. Best candidates can then be selected without regard to Title 5 requirements. VA could set and waive the Title 38 qualification standards for each grade without regard to OPM requirements or approvals for employment.

- Disadvantages of Title 38

  The traditional Title 38 "rank-in-person" system of appointing employees on the basis of qualifications and assignments makes it more difficult to control grade levels and assignments. Under Title 38, the VA is responsible for developing and validating qualification standards and other selection procedures. The time and expertise required would have to be provided by VA, whereas, under Title 5, this responsibility is assumed and resources are provided primarily by OPM.

- Cost Implications

  VA should be able to recruit and appoint qualified applicants at each medical facility faster than under the Title 5 system. This could result in health care vacancies remaining vacant for shorter periods and increased service to the veteran.

  On the other hand, expansion of the Title 38 "rank-in-person" appointment process to lower paid and non-professional employees could result in grade compression at a higher average grade level and increased costs. The lower paid, non-professional employees are far more limited by the duties and responsibilities within the work structure. There are only so many higher level tasks to go around, and it could be difficult to maintain grade distinctions based on qualification differences.

  Additional administrative costs would probably be incurred for the establishment of additional Professional Standards Board (PSB) to process applicants for appointment (the PSB would also be involved with determinations regarding promotions and periodic step increases). Increased costs could also be anticipated for the assumption of selection procedures by VA and the need to validate new VA qualification standards.

THE IMPACT ON JOB GRADING

- Comparative Information

Title 5 employees have the grade of their position based primarily on assigned duties and responsibilities. Under Title 5, health-care positions are covered by the Classification Act of 1949. These positions are assigned to one of the grade levels in the General Schedule pay system based on an analysis of assigned duties and responsibilities and application of appropriate OPM position classification standards. The classification process requires a position description to be written in sufficient detail to enable accurate analysis and classification to the proper title, series, and grade.

Title 38 employees are assigned to a grade and pay level based primarily on an assessment of the employee's qualifications. While grade levels in the Title 38 Pay System are generally related to OPM position classification standards and the General Schedule pay system to help maintain linkage between pay systems as required by 5 U.S.C. 5301, a position description is generally not required for Title 38 positions.

- Advantages of Title 38

- Except for the pay systems linkage requirement when introducing an additional health-care occupation to Title 38, there is no continuous involvement with the classification process.

- There is no requirement in Title 38 for extensive, difficult-to-write position descriptions.

- Morale could improve and become a positive motivating factor for employees in selected health-care occupations to be included in Title 38.

- **Disadvantages of Title 38**

  - Introduction of each additional health-care occupation to Title 38 requires development and maintenance of VA/DM&S qualification standards suitable for use in establishing equitable grade levels linked with similar positions in Title 5.

  - Some inequitable situations (under/overgrading) could result due to subjectivity in the grade assessment process.

  - Switch from the rank-in-position to rank-in-person grade and pay system increases susceptability to grade escalation and grade compression.

- **Cost Considerations**

VA would have final authority on all job grading matters including appeals. VA could perhaps develop job grading standards (i.e., qualification standards) for "emerging" health-care occupations faster than the Office of Personnel Management.

VA/DM&S would have to allocate funds to conduct necessary fact finding and occupational studies for developing needed DM&S job grading standards and guides. This could be a very costly process. Additionally, VA would have to get involved in the standards development area where VA currently does not have the expertise or capability. The rank-in-person system of job grading could result in grade escalation and grade compression. This would be particularly likely to happen in the lower paid, nonprofessional occupations and would probably result in the significant increases in salary costs.

THE IMPACT ON LEAVE

- **Comparative Information**

Title 5 full-time employees earn annual leave as follows: 13 workdays with less than 3 years service; 20 workdays with 3 to 15 years service; and 26 workdays with 15 or more years service. Part-time employees earn annual leave on a prorated basis. Title 5 employees may have an accumulated annual leave carryover limit of 240 hours.

Title 38 full-time nurses earn annual leave at the rate of 26 workdays per year and have an accumulated annual leave carryover limit at 685 hours. Part-time employees earn annual leave on a prorated basis and have an accumulated annual leave carryover limit of 240 hours.

Title 5 employees and Title 38 nurses accrue sick leave at the same rate, 13 workdays a year.

- **Advantages of Title 38**

Greater leave benefits the same as Title 38 nurses would be an incentive for recruitment and retention.

Direct conversion to full leave benefits would be simple and consistent with existing system.

- **Disadvantages of Title 38**

Substantial additional cost to VA of more generous leave benefits.

Potential morale problems for occupations not converted to Title 38 and not receiving increased leave benefits.

- **Cost Considerations**

Full conversions of occupations to Title 38 annual leave benefits for nurses may not be appropriate for all occupations and may cause severe Medical Center morale problems in occupations not converted. The increased leave benefits would be an incentive to recruitment and retention. But in occupations when, for example, recruitment is a problem because of OPM technicalities and delays, the increased benefits may be an unnecessary and an expensive option with respect to lost annual man hours necessary to maintain essential coverage in a health-care functional area. At large facilities this may require additional FTE in order to provide the same level of services. Further, assuming conversion of non-professional occupations, such as Nursing Assistant and Licensed Practical Nurse, to 38 nurse leave benefits, the disparity in benefits would be difficult to justify to professionals in occupations not converted. Perceived inequities between occupations and professions could be created or exacerbated depending on the occupations involved.

Given the above factors, if occupations are converted for leave purposes consideration should be given to: selectivity in granting increased leave benefits; creation of a different leave package; retention of existing Title 5 leave benefits; or complete conversion to existing Title 38 benefits. The specific occupations selected for conversion, and the reasons for conversion, would determine the most appropriate option.

TABLE (1)

CONCISE SUMMARY OF ADVANTAGES & DISADVANTAGES OF TITLE 38

* Definite - Can estimate $ cost to convert.
@ Probable - Difficult to assign $ cost.

ADVANTAGES OF TITLE 38 FOR VA Central Office & Field Hospitals	DISADVANTAGES FOR VA Central Office & Field Hospitals
* 1. VA would have all of the authority and flexibility for: examination selection appointment	* 1. Money for personnel resources required to examine persons for positions.
* 2. May reduce vacancy rate for health care jobs.	* 2. New qualification standards established would have to be developed, validated and administered by VA for each job converted, increasing personnel required by VA
* 3. Provides increased service to veterans.	* 3. Assumptions of accountability for non-discrimination in employment (Civil Rights Act of 1964) may require additional clerical and legal staff for VA.
* 4. Will allow development of simpler and less time consuming qualification methods.	* 4. Additional 8 hrs. of annual leave per pay period may result in more employees unavailable for longer periods, and more staff to replace staff on leave or over-time (See 18, Advantages)
* 5. Should be able to improve the availability and quality of candidates (based on POD OPT & PA data already under Title 38)	@ 5. Potential for increased labor relations activity for issuance of new personnel policies on conditions of employment.
* 6. Improved employee morale through use of "rank in person" qualifications systems, rather than a "rank in positions" to fit a job needed.	* 6. Only new employees will immediately profit from improved grade and pay status
* 7. The new employee is the first appointed at the highest grade for which qualified, providing a much greater pay rate than an appointment under Title 5 (when the pay rate is fixed at the first step within the grade which is offered for for a specific job)	

Advantages of Title 38

* 8. Employees can be hired directly by a Medical Center without delay in obtaining a certificate of eligibles from OPM for (2-3 mos)

* 9. More candidates should be available for immediate hire, since no delay is experienced in waiting for OPM certificate for (3-6 mos)

* 10. Best candidates can be selected without delay waiting for OPM certificate for (3-6 mos)

* 11. VA can set and waive the Title 38 qualification standards for each grade without regard to OPM requirements or approvals for employment.

* 12. Personnel time saved by not having to write and process a job description for each job. (See # 10 Disadvantages)

* 13. Removes need for continuous involement with classification process.

* 14. Improved morale for managers, by replacing vacancies quickly and reducing paperwork for managers.

* 15. VA has final authority on all jobs grading matters, including appeals.

* 16. VA can develop job grading on "emerging" health care occupations faster than OPM.

Disadvantages of Title 38

* 7. Existing employees must petition through VAMC personnel office to professional standards board for reconsideration, causing major delays since requalification, each job within that must occur before Professional Standards Board adjudication can be effected at the Medical Center Level. (See 10, below)

@ 8. The "rank in person" system, appointing employees on the basis of qualifications and assignments makes more difficult the control of grade levels and alignment (See # 25 Advantages)

@ 9. Expansion of Title 38 "rank in person" appointment process to lower paid, non professional employees may produce grade compression at a higher average grade level with increased costs. (and morale problems in employee groups with more education)

* 10. Additional personnel clerical costs for establishment of a Professional Standards Board for each occupation converted to Title 38 to process applicants (also for promotions and periodic step increases) (See # 12 Advantages)

* 11. VA does not have current expertise or capability in job standards development. The time and personnel costs to develop this must be added into costs for converting jobs to Title 38. (See 2, above)

@ 12. Title 38 may remove outside remuneration benefit for employees who must hold a second maintain economic stability (NOTE: may challenge some health care (non MD's)

Advantages of Title 38

* 17. Will reduce delay in special pay system change audit by OPM and OMB, (now 12-24 months as reported by numerous Medical Center Directors for severe pay comparibility problems in many geographic locations). (See 20 & 21 below)

* 18. Advantages to managers to schedule coverage of services with more flexibility. (7d/24hr.) (See 4, Disadvantages)

* 19. Reduces paperwork required by managers and personnel to cover O.T, C.T., HOL., SP PAY for Title 5 employees who earn these benefits.

* 20. VA could react on a more timely basis to locality pay-related staffing problems, as compared to OPM U.S.C 5303 special rate program or Section 112 (PL96-330) which includes a 90d Presidential review before VA can place special rates in effect. (See #17, above

* 21. VA could have total control of, and react more quickly to all pay problems without review by outside authority. (See 17 above)

* 22. October pay increases would no longer be "cancelled out" by OPM when special pay benefits are already received by employees (C.F. Oct. 1981 Special Pay Rates's)

* 23. Disparity in premium pay or equity problems would be minimumized (with conversion of Title 5 to Title 38 RN type)

* 24. Employees providing coverage outside regular duty hours could be placed in an on-call duty status (similar to RN's). Would improve morale of managers for scheduling ease with limited FTE available.

Disadvantages of Title 38

@ 12. professionals who have outside private practices, and many other technological and therapeutic occupational groupings)

@ 13. "Cheating practices to pay employees at a large rate above minimum as the local level

@ 14. Possible increased cost by allowing special rates to be obtained too easily (without review by VACO).

@ 15. Abuse of more generous leave privileges given to employees under Title 38 requiring replacement of missing employees with additional personnel and increased disciplinary actions for chronic offenders who will not return, or are not on duty when needed. (See 4, above)

Advantages of Title 38	Disadvantages of Title 38
* 25. VA could continue the actual classification method to minimize grade creep and avoid $ for new studies by using private sector standards	
* 26. "Professional Standards Boards could be empowered to bring in candidates at minimum rate only for no experience with a higher rate for experience and/or superior qualifications.	
* 27. Employees are still eligible for special rates and (Section 112) basic pay increases in cases of great salary disparity eg. SF, NYC, CHIC, etal.	

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TABLE (2

Prepared by:
Title 38 Health Care
Personnel Division (054B)
June 1981

PERSONNEL SYSTEMS FOR FULL-TIME TITLE 38 PROBATIONARY AND PERMANENT STATUS EMPLOYEES IN PAY GRADES EQUIVALENT TO GS-15 AND BELOW AND FULL-TIME TITLE 5 GENERAL SCHEDULE EMPLOYEES IN GRADES GS-15 AND BELOW

	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists), PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Appointment	Individuals are appointed at the grade and step for which they qualify based on recommendation of a Professional Standards Board and approval of a designated official. The grade is based on evaluation of the individual's qualifications under minimum qualification requirements established by the Administrator on recommendation of the Chief Medical Director for each grade. The grade is set at the highest one for which the individual is determined to meet the minimum requirements. The appointee's basic pay rate is set at the minimum step of the grade for which qualified except that the rate may be set at any step of the grade (1-10) in recognition of superior qualifications, experience, or achievement exceeding the expected standards for the grade (Examples: (a) special competence in profession; (b) education exceeding requirements for the grade, and (c) eligibility for certification by an appropriate professional organization).	As indicated in column on left except that nurses and NAs can also have initial rates of pay set above the minimum for the grade to which appointed at certain lower grade levels at certain locations in recognition of competitive labor market factors and shortages of candidates.	Individuals in the Competitive Service are normally appointed through the civil service examining system administered by the OPM (Office of Personnel Management). However, appointments of eligible persons may be made outside this competitive system based upon certain special appointment authorities administered by the OPM. The grade of the position is established prior to recruitment based upon an analysis of the duties and responsibilities assigned in comparison with the appropriate civil service classification standard. The appointee's basic pay rate is set at the minimum step of the grade to which appointed. However, special minimum rates of pay may be approved by the Office of Personnel Management in one or more areas or locations when the pay rates in private enterprise are so substantially above the statutory pay rates for the positions concerned as to handicap significantly the Government's recruitment or retention of well-qualified persons. Also, employees at GS-11 and above may be approved for steps above the minimum based on their superior qualifications. (cont'd on next page)

	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists), PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Appointment (cont'd)			Chaplains are appointed under the Excepted Service, Schedule A 213.3102 authority. Authority to make appointments to all Chaplain positions is retained in Central Office. Positions at GS-14 and below are centralized to the Chief Medical Director; those above GS-14 are centralized to the Administrator. Appointments of Chaplains are made using the competitive examining procedures of FPM Chapter 332 which includes uniform application of established qualification standards, assignment of individual numerical ratings, addition of 5 to 10 points for veteran preference, and selection under the rule of three. The examining process, including acceptance and rating of applications, certification, and maintenance of records, is handled by a VACO Board of Excepted Service Examiners in Chaplain Service. The grade of a Chaplain's position is established prior to recruitment based upon an analysis of the duties and responsibilities assigned in comparison with the appropriate civil service classification standard. (cont'd on next page)

	Title 38 Physicians, Dentists Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists) PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries	Title 5 Employees
Appointment (cont'd)			The Chaplain appointee's basic pay rate is set at the minimum step of grade to which appointed. However, special minimum rates of pay may be approved by the Office of Personnel Management in one or more areas or locations when the pay rates in private enterprise are so substantially above the statutory pay rates for the positions concerned as to handicap significantly the Government's recruitment or retention of well-qualified persons. Also, higher steps may be approved for superior qualifications at GS-11 and and above. Chaplains are generally appointed at the GS-11 level, with the potential to GS-12 for full-time and part-time employees working 1,040 hrs. p.a. or more. Employees appointed on a part-time basis less than 1,040 hrs. p.a. are generally not eligible for promotion to GS-12.
Probationary Period	The employee is required to serve a 2-year probationary period, during which time employee's service is reviewed. If deficiencies are noted, a formal review is conducted by a Professional Standards Board. The employee is given an advance notice of the review and the reason(s) for it and is informed of the right to appear before the Board and/or submit a written statement to the board.	See column on left.	Competitive Service employees are normally required to serve a 1-year probationary period (or trial period, in the case of certain special appointing authorities), during which time the employee's service is reviewed. If it becomes apparent, after full and fair trial, that the employee's conduct, general character traits, or capacity do not fit him or her for satisfactory service, action must be initiated to separate the employee.

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Probationary Period (cont'd)	If, after review, the employee is found not to be fully qualified and satisfactory, employee is separated. A probationary separation is not subject to further review or appeal. Former Title 38 employees who previously completed the probationary period are not required to complete a new probationary period.		In some cases, appointees who were previously employed by the Federal government, or persons who are appointed under certain special authorities are not required to serve such a probationary or a trial period. Chaplains are appointed under the Excepted Service and are required to serve a 1-year trial period. Performance is evaluated prior to the completion of the first year of employment. An employee who does not meet established standards of conduct and performance will be terminated. The employee is notified in writing as to reasons for separation, the effective date of the action, the right to appeal, and the time limit within which the appeal must be submitted. A termination during trial period may be appealed only if the termination is based on discrimination.
Pay	The employee is paid a basic rate at the grade and step rate on the Title 38 pay schedule prescribed by law for the occupation involved.	See column on left.	Rates of pay under the General Schedule pay system are primarily based upon comparable rates of pay with equivalent levels of responsibility. The range of pay rates applicable to an individual employee is determined by the level of responsibility of the employee's position as determined via the position classification process. (cont'd on next page)

	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists) PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Pay (cont'd)	The Title 38 pay system is essentially a "Rank-in-Person" system whereby the individual's grade and step rate is based on that person's qualifications rather than the duties and responsibilities performed. The pay grade of Title 38 employees, however, is required by law to be linked to equivalent pay grades of other Federal pay systems, including that for General Schedule employees. Under the law, the duties and responsibilities of the position to which Title 38 employees are assigned at a given pay grade would be expected to equate to those performed by GS employees at the equivalent GS pay grade. In other words, the positions of the Title 38 employees should typically be found to be classifiable to the equivalent GS pay grade under the GS Position Classification Standards for the occupation involved. The pay systems for Title 38 employees are subject to audit by the Office of Personnel Management and the Office of Management and Budget for compliance with the statutory linkage requirement. Notwithstanding the normal regulations and procedures for determining the pay of a Title 38 employee, the Administrator may, upon recommendation of the Chief Medical Director, initially or subsequently adjust the basic pay grade and/or step rate of an employee in unusual circumstances when this is necessary to provide a rate which could otherwise not be authorized.	See column on left. • • • • • • • •	

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	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists), PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Pay (cont'd)	The employee's per annum salary is based on rendition of service or availability therefor or authorized leave status with pay each day of the year (on a 24-hour a day, 7-day a week basis). Employees do not receive additional or premium pay (e.g., overtime, night, etc).	The employee's per annum salary is based on rendition of service (but not availability therefor) or authorized leave status on 40-hour weekly tour of duty. Employees receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). They may be granted compensatory time off in lieu of overtime pay only if voluntarily requested by the employee and only in relation to the need for rest and relaxation following arduous duty. Overtime for call-back work is considered to be at least 2 hours in duration. The overtime rate may not exceed the rate for the first step of nurse Intermediate grade. Employees also receive holiday pay for work on a holiday (double-time work plus overtime, where applicable), with holiday work considered to be at least 2 hours in duration; Sunday work (25%), evening and night work (10%), and on-call status (10% of the overtime rate).	The employee's per annum salary is based on rendition of service (but not availability therefor) or authorized leave status on 40-hour weekly tour of duty. Employees receive overtime for authorized hours of work in excess of 8 hours a day or 40 hours a week (time-and-a-half). They may generally request compensatory time off in lieu of overtime pay, but employees with pay rates in excess of GS-10, step 10, are required to take compensatory time off unless overtime pay is approved by the appropriate VACO official. Employees also receive holiday pay (double-time); Sunday pay (25%); night pay (10%); and standby premium pay (up to 25%). Non-exempt General Schedule employees are also subject to the provisions of the Fair Labor Standards Act.
Merit Pay	No.	No.	Merit Pay Employees (GS-13 through GS-15 managerial and supervisory) are ineligible to receive within-grade increases or quality step increases (effective in VA 10/4/81). They will receive at least 50% of the annual comparability increase (or such higher amount as determined by the Office of Personnel Management) automatically. The remainder of the comparability along with the amount representing the within-grade and quality step increases 6 (cont'd on next page)

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Merit Pay (cont'd)			which would have otherwise gone to the Merit Pay employees goes into the Merit Pay pool. The pool is then distributed to the Merit Pay employees based on the employee's annual performance rating. For all matters other than increases to basic pay, Merit Pay employees are treated the same generally as General Schedule employees.
Promotion	After appointment, employees are considered periodically by a Professional Standards Board for promotion to the next higher grade on meeting the prescribed time-in-grade requirement (e.g., 1,2, or 3 years) for that grade. If not promoted, they are considered annually thereafter. To be promoted, employees must meet certain promotion criteria and in most positions must meet the same qualification requirements as for appointment to the higher grade. Promotions are approved or disapproved by the appropriate management official based on recommendation of a Professional Standards Board. An employee may request the Chief Medical Director's review of promotion disapproval.	See column on left.	Competitive Service employees may be appointed to position with known promotion potential and may be promoted through intermediate grade levels to the target grade level once minimum qualification and regulatory requirements are satisfied. Opportunities for promotions above the target grade level are processed under competitive merit promotion procedures. For those appointed to position with no known potential, promotions are processed under competitive merit promotion procedures. When promotion is determined to be a source of recruitment for vacancies, employees apply, are evaluated, rated and ranked against job-related criteria and the top ranking employees referred to the selecting official for consideration. The selecting official may select any of those candidates referred for consideration. (cont'd on next page)

	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists), PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Promotion (cont'd)			Upon meeting 1-year time-in-grade requirement and an acceptable level of competence, employees appointed at GS-11 who are in career ladder positions are promoted to the journeyman GS-12 level noncompetitively. Promotions to positions above the GS-12 level are subject to time-in-grade requirements for the next grade level and are handled under competitive procedures using the appropriate merit promotion plan. Candidates must be MPI participants. Area of consideration is VA-wide. Chaplains in Excepted Service who meet the 1-year time-in-grade requirement, are at an acceptable level of competence, and are in career ladder postions are promoted to the journeyman GS-12 level noncompetitively. Promotions to positions above the GS-12 level are subject to time-in-grade requirements for the next grade level and are handled under competitive procedures using the appropriate merit promotion plan. Candidates must be MPI participants. Area of consideration is VA-wide.
Periodic Step Increase	An employee receives a within-grade increase every 104 weeks if there has been no "equivalent increase in compensation" during that period and on a determination that the employee's work has been at an "acceptable level of competence."	As indicated in column on left except that in Junior grade for nurses and EFDAs and Associate grade for nurses, PAs, and EFDAs, the waiting period is 52 weeks from step 1 to step 2; and from step 2 to step 3.	An employee receives a within-grade increase upon completion of the appropriate waiting period if there has been no "equivalent increase in compensation" and on a determination that the employee is performing at an "acceptable level of competence." The appropriate waiting period is 52 weeks for steps 2-4, 104 weeks for steps 5-7, and 156 weeks for steps 8-10.

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Periodic Step Increases (cont'd)	NOTE: An equivalent increase is the total of any increases in basic compensation (except statutory) which are equal to or greater than the smallest step increases in any grade in which the employee has served during a period under consideration.		Periodic step increases do not apply to Merit Pay employees (GS-13 through GS-15 managers and supervisors).
Special Advancement for Performance	An employee who has demonstrated a sustained high level of performance competence over and above that normally expected may be considered for a 3-step within-the-grade Special Advancement for Performance, not to exceed the maximum for the grade, in lieu of and on the same due date established for a periodic step increase. The advancement is regarded as an equivalent increase for pay purposes. No two such advancements may be granted in succession within the grade. These advancements are made on recommendation of a Professional Standards Board and approved by a designated official.	An employee who has demonstrated a sustained high level of performance and professional competence over and above that normally expected may be considered for a 1-step within-the-grade Special Advancement for Performance, not to exceed the maximum for the grade, at any appropriate time within any period of 52 weeks. The advancement shall not be regarded as an equivalent or in lieu of a periodic step increase. No more than one such advancement may be granted in any single 52-week period.	No. (See Quality Increase.)

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Special Advancement for Achievement	Employees except for certain physicians, as indicated below, at Chief grade or below who have achieved exceptional and recognized professional attainment, such as certification by a appropriate speciality Board or professional certification, may be considered for advancement within the grade from 1 to 5 steps, not to exceed the maximum of the grade. Such an advancement is not considered as an equivalent increase for pay purposes. These advancements are made on recommendation of a Professional Standards Board and approval by a designated official. Physicians who receive special pay based on certification by an American Speciality Board may not also receive this advancement for such recognition.	These employees may receive a Special Advancement for Achievement as indicated in column on left except that PAs and EFDAs may be considered for advancement within the grade of 1 to 3 steps.	No.
Hours of Duty	Available 24 hours per day, 7 days per week (normally work 40 hours and 5 days per week).	Normal 40-hour, 5-day workweek. Designated facility approving officials can approve other tours to meet continuous patient care needs or when otherwise determined to be in the best interest of the service.	Normal 40-hour, Monday through Friday 5-day workweek. Health care facility Directors can approve other tours when operations would otherwise be handicapped, adherence to normal tour is administratively impracticable, or when cost would otherwise be substantially increased.

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Annual Leave	Earns 30 calendar days of AL per year. When no duty is performed in a week while on AL, all 7 days charged to AL. Also, all intervening nonduty days falling within a period of AL are charged to AL. AL is charged in minimum units of 1 day whether absent all or part of the day. However, the employee can be excused for less than the major portion of a day without charge to AL. There is a 120-day limit on the amount of earned AL which can be carried over from one leave year to the next.	Earns 26 workdays of AL year. Only absences from 40-tour are charged to AL. The minimum charge to leave is 1 hour. Unavoidable absence or tardiness of less than 1 hour may be excused. There is a 685-hour AL carry-over limit.	Earns AL as follows: (1) 13 workdays a year for employee with less than 3 years of service; (2) 20 workdays a year for employee with at least 3 but less than 15 years of service, except that 10 hours will be earned for last full biweekly pay period; and (3). 26 workdays a year for employees with 15 or more years of service. Only absences from weekly 40-hour tour are charged to AL. The minimum charge for leave is 1 hour. Unavoidable absence or tardiness of less than 1 hour may be excused. There is a 240-hour AL carry-over limit.
Sick Leave	Earns 15 calendar days per year. All intervening nonduty days falling within a period of SL are charged to SL. Sick leave is charged in units of 1 day when absent all or part of a day. However, the employee can be excused for less than the major portion of a day without charge of SL. There is no limit on the amount of SL which can be carried forward into the next leave year.	Earns 13 workdays of SL a year. Only absences from weekly 40-hour tour are charged to SL. The minimum charge to SL is 1 hour. Sick leave of less than 1 hour may be excused. No limit on SL carryover.	Same as column on left.
Administrative Leave	May be excused from duty with pay under circumstances which generally apply to other VA employees (e.g., training or attendance at meetings and conferences, voting, bad weather, blood donations, etc.) In addition, Title 38 employees may be granted following excused absences: teaching at affiliated	See column on left.	All examples of excused absences cited in par. 21, ch. 630, MP-5, Pt. I apply to Title 38 employees as well. Title 5 employees may be excused for teaching assignments only when the activity will substantially benefit VA's mission.

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	Title 38 Physicians, Dentists, Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists) PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Administrative Leave (cont'd)	schools; to undergo appropriate speciality board or certification examinations; participation in inspections by appropriate professional accrediting bodies; and up to 24 hours off following long and arduous duty.		Excused absence for certification examinations that are required for the position. No provisions for excused absence following long and arduous duty.
Holidays	May be excused from duty with pay for holiday. If duty is performed on a holiday, may be given an in-lieu day off.	May be excused from duty with pay for holiday. if duty receives double-time for all holiday work plus overtime, where applicable. Holiday duty is considered to be at least 2 hours in duration.	May be excused from duty with pay for holiday. If duty, receives double-time for all non-overtime holiday work. Holiday duty is considered to be at least 2 hours in duration.
Other Benefits	Employees receive similar benefits other than above as General Schedule employees receive for civil service retirement; health insurance; life insurance; payment of travel and transportation and malpractice protection; and military and court leave.	See column on left.	Employees receive similar benefits as is indicated for Title 38 employees.

	Title 38 Physicians, Dentists Podiatrists, and Optometrists	Title 38 Nurses, NAs (Nurse Anesthetists) PAs (Physician Assistants), and EFDAs (Expanded-Function Dental Auxiliaries)	Title 5 Employees
Special Achievement Awards	These employees may receive Special Contribution Awards on the same basis as General Schedule employees. Superior Performance Awards may be granted to the following employees when they are in the top step of their grade or pay category: physicians, dentists, podiatrists and optometrists at Chief grade and below. These awards are granted under the Incentive Awards Program (MP-5, part I, chapter 451).	These employees may receive Special Contribution Awards on the same basis as General Schedule employees. Superior Performance Awards may be granted to those employees who are at the top step of their grade or pay category. These awards are granted under the Incentive Awards Program (MP-5, part I, chapter 451).	An individual employee or group of employees may recieve a Special Contribution Award based on contributions of a one-time occurrence, connected with or related to official employment. An individual employee may receive a Superior Performance Award, which is a one-payment cash award granted for sustained superior performance over a specific period of time. These awards are granted under the Incentive Awards Program (MP-5, part I, chapter 451). NOTE: After Oct. 4, 1981, Superior Performance Awards for Merit Pay Employees (GS-13 and GS-14 managers and supervisors) will be administered under MP-5, Part I, Chapter 540. The special contribution award will continue under chapter 451.
Quality Increase	Not eligible.	Not eligible.	General Schedule employees may receive a Quality Increase (QI) which is an additional within-grade pay step. It is given in recognition of sustained high quality performance at a level that substantially exceeds an acceptable level of competence and can be expected to continue at the high level. NOTE: Merit Pay Employees will not be entitled to QIs after October 4, 1981.

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Honor Awards	Employees are eligible for the honor awards available under the Incentive Awards Program (MP-5, part I, chapter 451) except for those specifically designated for certain types of employees (i.e., Administrator's Hands & Heart Award, Samuel Rose Awards, etc.)	See column on left.	Same as for Title 38 employees.
Suggestion Awards	Employees are invited to submit suggestions under the provisions of the Incentive Awards Program (MP-5, part I, chapter 451) and are eligible for cash awards for ideas adopted under this program.	See column on left.	Same as for Title 38 employees.
Remunerated Outside Professional Activities	Management approval required for any remunerated outside professional activities. Patient care is generally prohibited. Other types of activities, such as teaching and consultation, can be approved provided established criteria are met.	See column on left.	Management approval is not required for outside remunerated activities as long as activities are not prohibited by law or regulation (e.g., conflict of of interest).

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Proficiency Report	Employee receives a Proficiency Report annually on the anniversary date of employment. Also, special reports are prepared as appropriate and necessary (e.g., prior to a probationary or Disciplinary Board review). Under a new proficiency rating system approved in October 1980, the employee is rated "Unsatisfactory", "Low Satisfactory", "High Satisfactory", or "Excellent". These ratings are not grievable or appealable.	Same as column on left. Same as column on left except that nurses will continue to be rated as "Satisfactory" or "Unsatisfactory."	Merit Pay employees (GS-13-15 managers and supervisors) and service chiefs receive an annual performance appraisal as of July 31 of each year. All others receive this appraisal as of April 30 of each year. Under a new performance appraisal system required by the Civil Service Reform Act, the employee is rated "Outstanding," "Highly Satisfactory," Fully Satisfactory," "Minimally Satisfactory," or "Unsatisfactory." Ratings and all aspects of appraisals are grievable.
Grievances	Permanent employees and those who have completed their first year of probationary service can generally grieve matters of dissatisfaction, with certain exceptions, with the right to representation at any stage of the grievance. Employee may present grievance to supervisor for discussion. If the employee is not satisfied with the decision following the informal stage, he or she may request a formal hearing. An official at the appropriate level makes a decision following the hearing. Employee can appeal the decision to the Chief Medical Director or the Administrator.	See column on left.	All employees can generally grieve matters of concern or dissatisfaction, with certain exceptions, with right to representation. Employee must first pursue the grievance informally at the lowest supervisory level possible. If not satisfied with the decision at the informal level, the employee may file a formal grievance and if, not resolved, have an inquiry (not hearing). An official at the appropriate level makes a decision following the inquiry. Employee has no further right of appeal.

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Disciplinary Actions	The following procedures apply to employees with permanent status (those who have completed their probationary period) concerning charges of inaptitude, inefficiency, or misconduct: - A preliminary inquiry is made at the facility and submitted to the Chief Medical Director for review. - If discharge, demotion, or suspension is requested, the request is evaluated by a VACO Screening Committee for the Chief Medical Director. - If the Screening Committee recommends disciplinary action more severe than reprimand and CMD concurs, the Screening Committee prepares a letter of charges. - The employee is notified of the proposed action and the reasons for it. He or she may make a written statement and appear before a VACO Disciplinary Board. The employee may be represented by counsel or other person. - The Chief Medical Director acts on recommendation of the Disciplinary Board.	See column on left.	All non-probationary employees in the competitive service and all preference eligibles in the excepted service with 1 year of current continuous service are covered by law. Similar rights are given to non-preference eligibles in the excepted service by the VA; however, there is no right to appeal outside the VA. These procedures apply to charges of misconduct and/or unacceptable performance for the following actions: removal, reduction in grade or pay, suspension over 14 days. Reduction in rank without reduction in grade or pay is not covered. Before any action is taken, a preliminary inquiry is made at the facility to determine the facts and whether action is appropriate. If removal, demotion or suspension is determined to be appropriate, such action is proposed in writing, generally by the service chief. Unacceptable performance cases require 30 days advance written notice, identifying the specific instances of unacceptable performance of a critical element of the employee's position; a reasonable time to reply orally and in writing; right to representation; a written decision (by the facility Director for noncentralized positions). Before any action may be taken, employee must be informed of his/her job's performance standards and critical elements, and must be given an opportunity to improve performance. Misconduct cases require (cont'd on next page)

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Disciplinary Actions (cont'd)	- If disciplinary action is more severe than admonishment, the action may be appealed to the Administrator. Employees may be admonished and reprimanded. Such a disciplinary action may be appealed by employees with permanent status. In appealing a reprimand, the employee is entitled to a hearing.		30 days advance written notice, specifying the reasons; at least 7 days to respond orally and in writing; right to representation; written decision (by facility Director for nonecentralized positions). If such action is taken, whether for misconduct or performance, the employee may appeal the the decision to the Merit Systems Protection Board (an independent agency that decides employee appeals) when the employee is entitled to a hearing and may be represented by counsel or other person. If the employee is covered by a union contract so providing, the employee has the option of appealing through negotiated grievance procedure (arbitration). Decision by MSPB or arbitrator is final. Employees may also be admonished, reprimanded or suspended for less than 14 calendar days. These lesser disciplinary actions may be appealed under procedures grievance where there is an inquiry, but no right to hearing.

EXHIBIT M

REVIEW OF PRIOR RECRUITMENT AND RETENTION STUDIES

TABLE OF CONTENTS

REPORT OF SPECIAL SURVEY OF LEVEL OF QUALITY OF PATIENT CARE AT VETERANS ADMINISTRATION HOSPITALS AND CLINICS - 1974

NAS REPORT - 1977

  TABLE 1 - CURRENT STAFF AS A PERCENTAGE OF NEEDED SUPPORT STAFF BASED ON SERVICE WORKLOAD FOR SELECTED HOSPITALS

GAO REPORT - 1977

  FIGURE 1 - VA HOSPITALS SURVEYED IN 1977 BY GAO

TIMELINESS OF STAFFING SURVEY - ASSISTANT ADMINISTRATOR OF PERSONNEL - VETERANS ADMINISTRATION - 1979

USDHEW REPORT ON ALLIED HEALTH PERSONNEL - 1979

  FIGURE 2 - PRIMARY HEALTH CARE MANPOWER SHORTAGE AREAS BY COUNTY

OPM STUDY - NEW ENGLAND REGION - 1980

  TABLE 2 - NEW ENGLAND VA HOSPITAL RESPONSES ON HEALTH CARE OCCUPATIONS CAUSING PROBLEMS FROM EITHER A RECRUITING OR RETENTION STANDPOINT

VA CHIEFS OF STAFF - 1981

TURNOVER RATES IN VA MEDICAL CENTERS - 1980

  FIGURE 3 - TURNOVER RATES OF LICENSED PRACTICAL NURSES IN THE VETERANS ADMINISTRATION (1970 - 1979)

SUMMARY AND RECOMMENDATIONS - RATES OF PAY SUBCOMMITTEE FOR NURSING STAFF IN NEW ENGLAND - 1981

REPORT OF SPECIAL SURVEY OF LEVEL OF QUALITY OF PATIENT CARE AT VETERANS ADMINISTRATION HOSPITALS & CLINICS - OCTOBER 1974*

A special Task Force which studied the problems associated with the recruitment and retention of skilled professionals in 1974 came to the conclusion that a series of legislative and administrative remedies were essential, as follows:

- The Task Force concluded that financial considerations were the major impediment to achieving sustained satisfactory levels of recruitment and retention of physicians, dentists, nurses, licensed practical nurses and nursing assistants. Their recommendations sought to obtain authority for the Administrator of Veterans Affairs to establish on a geographic basis a higher minimum and range of rates of basic compensation for licensed practical nurses and nursing assistant positions.
- The Task Force recognized that other health care occupational categories were important to meeting the Department's goals and objectives and that staffing of these positions presented multifaceted problems. However, available resources and time constraints precluded any comprehensive consideration of these personnel categories.

NATIONAL ACADEMY OF SCIENCES REPORT - 1977**

The National Academy of Science Report, issued in the same year as the following GAO Report, stated that, "the VA system has more variability in utilization across services than do private sector hospitals." It also recognized that the staff requirements derived from measured workload may not reflect the actual need***. Further, the NAS report stated that workload measurement techniques "do not readily identify situations where demand is constrained by available manpower resources, nor lead directly to identification of overutilization or unnecessary utilization of service."

*Reference Appendix - Exhibit W

**Reference Appendix - Exhibit W

***FOOTNOTE: It should be noted, however, that the NAS did not meet its mandate to study VA staffing in detail, and did not develop staffing standards as they were contracted to perform.

TABLE 1

CURRENT STAFF AS A PERCENTAGE OF NEEDED SUPPORT STAFF BASED ON SERVICE WORKLOAD FOR SELECTED HOSPITALS

Service	Hospital									Weighted Average	Service Median	FTE Deviation	Actual FTE
	A	B	C	D	E	F	G	H	I				
Dietetics	95	80	93	94	84	91	91	87	102	92	91	−72.7	863.6
EEG	75[a]	− [b]	100[a]	100[a]	−	215[a]	50[a]	−	78	100	89	0.0	9.0
EKG	112[a]	167[a]	144[a]	110	200[a]	60[a]	126[a]	77[a]	89[a]	108	112	+ 2.3	31.6
Engineering	94	184	77	102	91	97	80	99	108	92	96	−63.2	754.1
Housekeeping	102	105	73	100	78	78	83	91	112	92	91	−50.7	573.9
Laboratory	103	86	92	105	80	xx[c]	100	100	xx	99	100	− 1.3	205.7
Laundry Linen	99	124	83	100	135	100[a]	107	96	110	104	100	+ 5.8	164.2
MAS	97	98	98	101	124	xx	103	113	92	101	100	+ 5.2	472.7
Outpatient	123	94[a]	118[a]	95	107[a]	86	107	116[a]	111	103	107	+ 3.2	112.0
Pharmacy	128	100[a]	119	112	125[a]	114	104	116	118	115	114	−21.3	164.1
RMS - PT	64	70	178[a]	73	90[a]	74[a]	91	73	140	90	74	− 6.1	55.8
Radiology	108	119[a]	100	112	134[a]	101	109	110	100	107	108	+ 9.9	157.4
Resp. Therapy	91[a]	63[a]	98	96	100[a]	93	123	[illegible]	115	101	97	− 0.4	54.3
Social Work	108	100	93	78	115	155	90	114	80	96	100	9.1	214.0
Supply	120	85	103	109	78	xx	102	100	96	102	101	+ 6.8	332.0
Hospital Composite	99.4	95.3	88.1	99.9	93.5	94.9	93.5	98.6	102.4	96.6	95.3		
FTE Deviation	−4.5	−8.7	−62.5[a]	−0.6	−25.5	−16.2	−40.4	−1.4	+13.6			−168.1	
Actual FTE	732	177	464	719	367	202	302	227	582				4175.2

REFERENCE 4, EXHIBIT W

GENERAL ACCOUNTING OFFICE REPORT - 1977

In March 1977, the GAO reviewed ten occupations in 12 Veterans Administration Hospitals. The total survey population numbered 64,105 employees, a significant number, but the few hospitals chosen were geographically separated. The 12 hospitals chosen were totally different in their functions and levels of complexity. We believe that the GAO conclusion in this report is misleading and inaccurate as the report stated that "recruitment and retention of health care workers in the Veterans Administration is not a major problem." The Task Force is convinced that it is and will continue to be a problem because the private sector hospitals in the vicinity of and affiliated with VA Medical Centers will continue to offer better salaries and benefits than the VA. If OPM salaries and restrictions on employment continue (through registers and delay in approval) then we will continue to lose the best qualified and most dedicated employees.

There is no reason to utilize the GAO's data for future comparison with the problems found in VA Medical Center employment because it is statistically incorrect to compare groups which are dissimilar (the 12 scattered, randomly-chosen hospitals) and which have too few hospitals in each group to make the data analysis accurate. For instance, only one hospital (Long Beach VAMC) fits the pattern of complexity which is typical of the largest and most active general medical and surgical hospitals in the Veterans Administration. The job complexity and interactions with other jobs in this level of hospital are much different than in hospitals such as Fort Lyons, Fort Harrison, and Murfreesboro. The latter hospitals are vastly different in their mission, composition, patient care mix and balance of jobs, yet they were used to make a national basis for comparison for the cause of recruitment and retention problems.

The Veterans Administration Department of Medicine and Surgery does not agree with the 1977 GAO conclusion that "most recruitment and retention problems within DM&S cannot be directly related to pay." We submit new evidence to Congress which will prove that the employees themselves have a majority opinion that in the present economy, there is no reason for them to stay in the employ of a VA Medical Center if they can receive better pay and benefits in another local hospital. This is substantiated by numerous direct quotations taken from actual employee questionnaires submitted to VACO.

The GAO's report alluded to the differences and disparity in wages between the Federal Wage System and the General Schedule which relates directly to the broad scope of occupations studies in DM&S during our recent management and employee surveys. The present study purposely included all types and complexities of health care and health care-related activities, as the members of the Task Force realized a hospital is a unique mixture of multilevel disciplines which cannot work without each other to accomplish the goal of delivery of patient care. We found significant evidence that some occupational categories had retention problems, not because of "shortages of personnel" and "personal reasons for leaving" (as described by the Comptroller General's Report, but that wages were better for some low graded occupations than for others.)

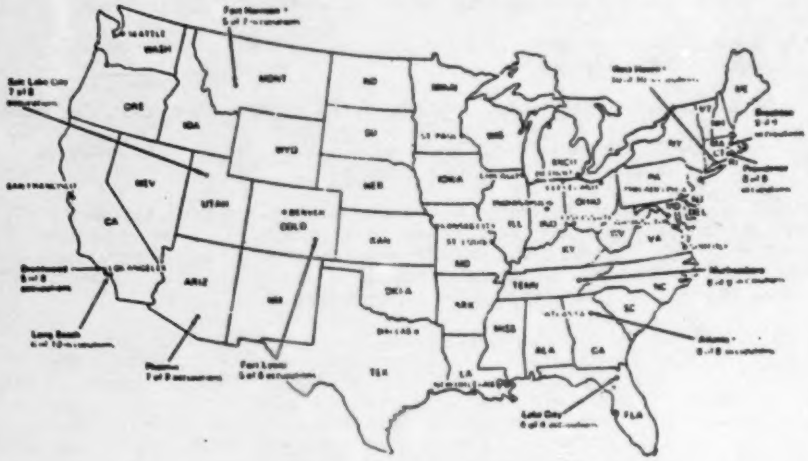
A typical example was the contention of many managers within nursing services that Nursing Assistants transferred to the Dietetic Assistant and housekeeping categories within Medical Centers, because the pay level was better.

The DM&S Task Force also found many more occupations which have had recruitment and rention problems than were reported by the GAO's report. Most of them were within the technologically oriented occupations which support the "hands-on" care occupations. GAO's report found that only "physical therapists, LPN's and nuclear medicine technologists were the three occupations which experienced shortages most frequently." The DM&S survey found many more reasons than the Comptroller General why these occupations presented difficulties to VA Medical Centers in employment. Our findings supported those of a study performed in 1980 by the Association of VA Chiefs of Staff, at the request of Senator Cranston. The Chiefs of Staff data were presented in April 1980 at a special hearing, which initiated the legislative reasons for S.2534, the Veterans Administration Health-Care Program Amendments of 1980. The historical background can be reviewed in this Exhibit.

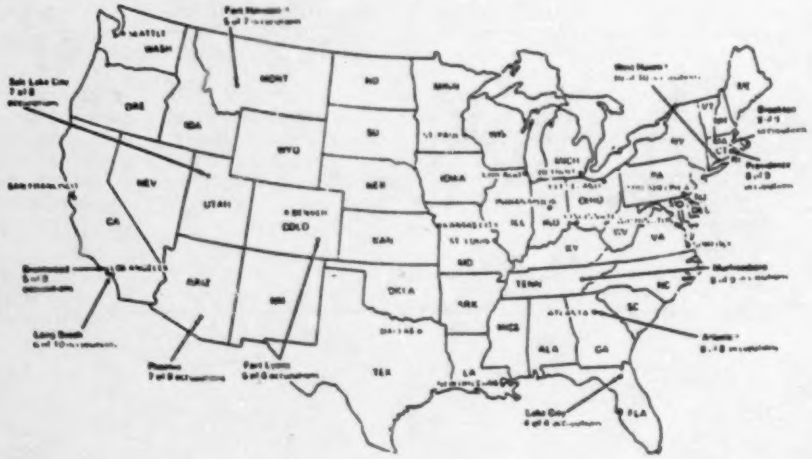
FIGURE 1

VA HOSPITALS SURVEYED IN 1977 BY GAO

NUMBER OF REVIEWED OCCUPATIONS WHERE EITHER THE VA AVERAGE, OR MAXIMUM (*), EXCEEDED THAT IN THE NON-FEDERAL FACILITIES



NUMBER OF REVIEWED OCCUPATIONS WHERE EITHER THE VA AVERAGE, OR MAXIMUM (*), EXCEEDED THAT IN THE NON-FEDERAL FACILITIES



TIMELINESS OF STAFFING SURVEY

VA OFFICE OF ASSISTANT ADMINISTRATOR FOR PERSONNEL - 1979

The primary purpose of the "Timeliness of Staffing Survey" was to identify problems in filling positions from Civil Service Commission (now OPM) certificates of eligibles. In October 1977, information was obtained on the length of time it takes to fill positions from CSC certificates of eligibles. Four major problem areas that can be attributed to the operation of the CSC's recruitment and examining system are as follows:

- Long delays in receiving lists of eligibles from CSC area offices.
- A high percentage of eligibles either fail to reply or are otherwise not available for employment.
- Actual number of eligibles available for employment is exceedingly low.
- Quality of eligibles certified is below that needed to effectively carry out the VA mission.

The most frequent complaint received concerned long delays in certification. Ninety-six VA field stations cited this as a major problem. A major problem identified by field stations was the poor quality of eligibles referred by the CSC. Many field stations specifically mentioned this in their narrative comments (Exhibit B). The problem has three facets:

- The CSC does not adhere to requested selective and quality ranking factors. Many positions found in a health care facility require that applicants have particular skills and abilities. This is especially true in direct patient care positions, where the applicant may be required to operate highly complex pieces of equipment used in examining patients. The CSC's failure to adhere to selective and quality ranking factors has resulted in the certification of eligibles who are not qualified for the particular vacancy in question.
- CSC rating officials are experiencing difficulty in accurately evaluating experience for medical and trade occupations due to the highly technical nature of these positions. As a result, unqualified or minimally qualified eligibles have been referred for critical vacancies.
- VA field stations receiving certificates with unqualified or minimally qualified eligibles must either request supplemental certification or submit objections to available eligibles. This is a time consuming process for the VA and the CSC, which results in lengthy delays in filling vacancies. The consequences of such delays are more extensive at smaller VA Medical Centers which have numerous one-of-a-kind positions.

In summary, the "Timeliness of Staffing Survey" was designed to identify information on the length of time it takes to fill positions from CSC certificates of eligibles. Narrative comments from the field station reports revealed a number of other difficulties. We realize that this is a highly critical report pointing out what we believe are serious problems in the CSC's examining and certification process. However, we have also learned that there are a number of problems in our own internal recruitment process which we must correct.

We recognize the tremendous responsibility and the difficulties which the CSC encounters in providing quality candidates for Federal employment. In order to resolve the problems which have been identified, we believe that OPM must look at the entire examining system under which it is operating rather than looking at each of these problems as separate issues. It is our opinion that the recommendations in this report will benefit both the VA and the CSC and significantly improve the staffing process.

USDHEW-PHS, 1979 REPORT ON ALLIED HEALTH PERSONNEL*

This report emphasized certain aspects of allied health personnel management and assessment.

- "Even when narrowly defined, this group of occupations has wide variation in degree of responsibility, training, professional organization, regulation, and characteristics of workers.
- For many occupations, responsibilities and functions are developing and still fluid, or vary widely among employment settings, institutions, and in some cases States. This makes it difficult to assess needs or derive standards for training and performance.
- In many allied health fields there is an opportunity to introduce unskilled personnel through on-the-job training and other routes not amenable to statistical description. For some unspecialized occupations, equal or better job opportunities may be found outside the health industry. Supply then becomes much more a function of labor market factors than is the case with (say) physicians or nurses, and the solutions to supply and distribution problems are not readily apparent."

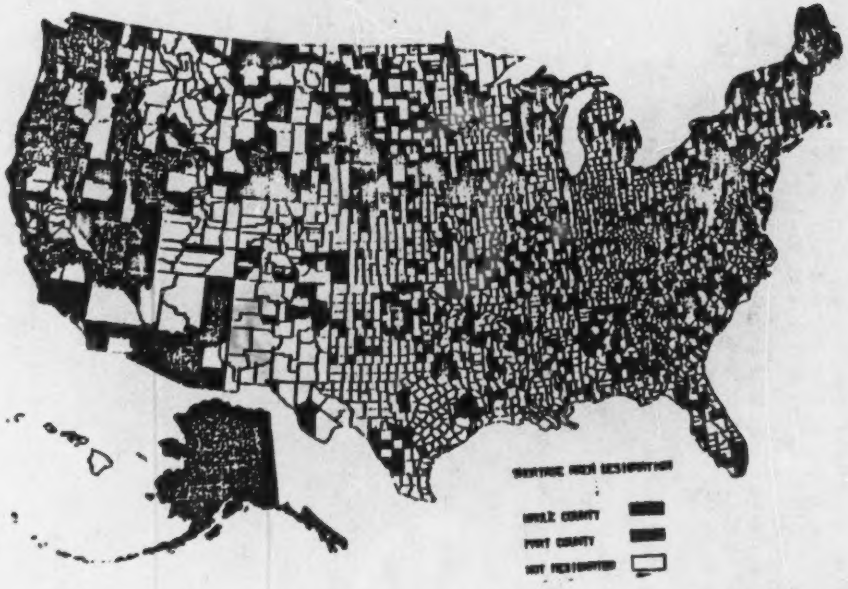
However, some generalizations were made for the group as a whole which, with some exceptions, apply to the major occupations with which the VA's DM&S is concerned:

- The large shortages of allied health perjsonnel that were apparent in the last decade have been alleviated, and eliminated for some occupations in the private sector.
  - Significant national shortages are no longer apparent among clinical laboratory personnel, radiologic technologists, and medical records personnel.

*See Figure 2, this Exhibit

Figure (2)
PRIMARY CARE HEALTH MANPOWER SHORTAGE AREAS
BY COUNTY: DECEMBER 30, 1978

USDHEW - 1977 - Report on the Status of Health Professions Personnel in the United States



  - Shortages are still significant in respiratory therapy, speech pathology and audiology.
  - Shortages may still exist, to a lesser degree but provoking widespread concern with formally trained dental assistants and in dietetics, radiation therapy and physical therapy.

- Local or transitory shortages of allied health personnel continue, even in occupations in which the overall national supply appears to be adequate.
  - These are a reflection of local labor market conditions, sometimes aggravated by geographic mal-distribution of personnel.
- Employers encounter difficulties in filling critical allied health positions which require highly qualified personnel or exceptional skills.

OPM STUDY - NEW ENGLAND REGION - 1980

In 1980 a small-scale study of health care occupations experiencing the most difficulties in attracting and retaining qualified employees was performed by the regional office of the Office of Personnel Management for 11 hospitals in the New England area.

The conclusions were that the 11 hospitals studied had a number of problems in common. The Director of the Regional Office felt that many of the causes were similar and felt that there were actions that could be taken, both together and as separate agencies and facilities, to ameliorate the problems.

The conclusions of the OPM were that the most critical problems in New England existed among LPN's, Nursing Assistants and Registered Nurses. Ten out of eleven hospitals studied in New England reported serious turnover and recruitment problems with these three occupations.

The reasons for the difficulties were:

- Shortage of qualified applicants in the labor market
- Weekend and rotating shift requirements for nursing occupations
- Private hospitals offering better benefits packages
- Less competitive salaries
- Dissatisfaction of LPN's with their classification in the same series as Nursing Assistants
- Nursing Assistants moving into housekeeping and food service jobs because of less demanding work and better wages
- No continuing education benefits
- Inability of most hospitals to achieve core staffing ratios because of budget limitations.

TABL

NEW ENGLAND VA HOSPITAL RESPONSES ON HEALTH CARE OCCUPATIONS CAUSING PROBLEMS FROM EITHER A RECRUITING OR A RETENTION STANDPOINT

Occupations	Togus, ME	Manchester, NH	White River Junction, VT	Bedford, MA	Boston, MA (Jamaica Plain)	Boston, MA (West Roxbury)	Brockton, MA	Northampton, MA	Providence, RI	Newington, CT	West Haven CT
Licensed Practical Nurse (LPN)	X	X		X	X	X	X	X	X	X	X
Nursing Assistant (NA)		X		X	X	X	X	X	X		
Registered Nurse (RN)		X			X	X			X	X	X
Medical Technologist	X		X		X				X		X
Nuclear Medical Technician/ Technologist	X						X				X
Physician	X						X		X		
Occupational Therapist							X		X		X
Physical Therapist							X		X		X
Inhalation Therapist						X	X				X
Biomedical Engineer							X				X
Dental Assistant			X				X				
Medical Aid						X	X				
Medical Technician					X						X
Medical Records Librarian/ Technician					X		X				

VA CHIEFS OF STAFF STUDY - 1981

In support of the need for consideration of certain job titles, the President of the NAVACOS testified at the hearings on the Veterans Administration Health Care Personnel Act of 1980 and provided answers for the record on several questions on a survey conducted to obtain the opinions of 115 Chiefs of Staff. Sixty-seven were Chiefs of Staff in medical school affiliated hospitals, while 48 non-affiliated hospital Chiefs of Staff were reached.

Some of the significant data obtained related concerns of the Chiefs of Staff about their ability to recruit and retain LP/VN's and NA's according to the Table below:

Status of Chief of Staff	YES	NO	NO OPINION
Affiliated Medical Centers	46	19	2
Non-Affiliated Medical Centers	31	17	0
TOTAL:	77	36	2

Other areas of difficulty in recruiting and retaining other health care personnel, in order of frequency of difficulty, included COS who reported difficulties with:

Respiratory Therapists	22
Laboratory Technologists	20
X-Ray Technologists	17
Nuclear Medicine Technologists	10
Physician Therapists	10

It was the considered opinion of the Chiefs of Staff that salary was the principal factor causing the recruitment problems for these groups, as the Veterans Administration was not competitive with the private sector.

Three additional questions were asked of the NAVACOS President at the hearings by members of Congress:

1. Should LP/VN's and NA's be covered under Title 38?

ANSWER:

STATUS OF CHIEF OF STAFF	YES	NO	NO OPINION
Affiliated	35	28	4
Non-Affiliated	28	16	4
TOTAL:	63*	44	8

*Only 8 of 63 felt that LPN only should be in Title 38.

2. Should all DM&S be under Title 38?

ANSWER:

STATUS OF CHIEF OF STAFF	YES	NO	NO OPINION
Affilitated	10	53	4
Non-Affiliated	7	39	2
TOTAL:	17	92	6

NOTE: The President took the position that all DM&S should be under Title 38. This clearly is at odds with the majority view. The President felt that record should reflect the position of the majority.

TURNOVER RATES IN VA MEDICAL CENTERS - 1980

DM&S does not accept the 1977 GAO Report's general conclusion that "the VA's acceptance of a 20% turnover rate is reasonable." The 20% level of acceptance for all occupations within a specific hospital would result in chaos in patient care activities. The Task Force discovered that the turnover of employees is greatest in some occupations, such as Registered Nurses, Nursing Assistants and Dietetic Assistants, but is unlikely that it exists in all occupations and in all hospitals.* For instance, there has been no turnover for Inhalation Therapy Technicians in the Boston area for over five years from 1975 - 1980. There are numerous occupations in each hospital which have less than 100 employees, and even one to ten employees. If the GAO Report was valid in its conclusion, then a 20% turnover rate for all occupational categories would result in complete absence of employees in some hospitals at all times. The Task Force has calculated that the vacancy rate varies according to: (1) the occupation, (2) the hospital's geographic location, (3) the level of education of the occupational group, (4) the total number of persons employed in a specific occupational category nation-wide, and (5) the functional group of which the occupation is a part (technological, consultative and patient support groups).

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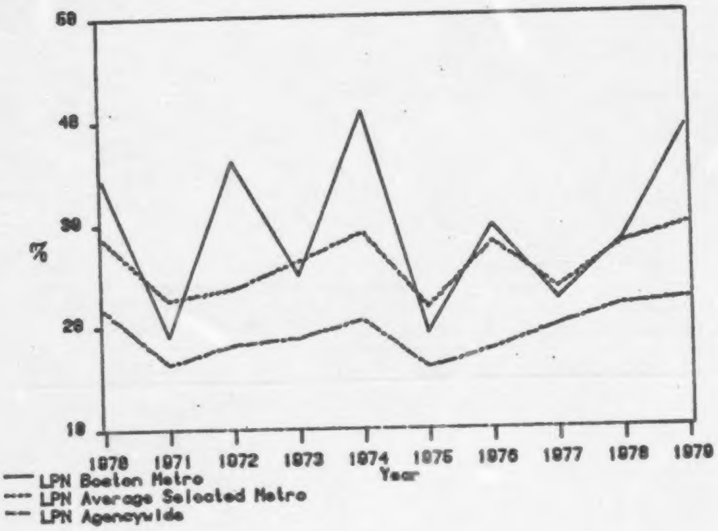
*See Graph of turnover rate of LPN's from Boston OPM Study (Fig. 3, this Exhibit, also Ref. 15, Exhibit W)

FIGURE 3

TURNOVER RATES OF LICENSED PRACTICAL NURSES IN THE VETERANS ADMINISTRATION*

(1970 - 1979)



*OPM STUDY, N.E. REGION

Medical Center

Davis Park
Providence, RI 02908

Veterans
Administration

Mr. Charles Angstadt
Chairman, Health Occupations Task Force
Veterans Administration Medical Center
Brockton, MA 02401

SUBJ: Summary and Recommendations - Rates of Pay Subcommittee

The subcommittee, in establishing its objectives and in conducting its rates of pay survey of private hospitals in medical district one in comparison to VA rates of pay, determined that fringe benefits by necessity would have to be included as part of its review. A summary of the information obtained from the questionnaires developed and its relation to the VA data is as follows.

In areas of gross salaries, the following observations are made:

NURSING ASSISTANT - Considering GS-3, Step 1 as the entry level and GS-4, Step 6 as being equal to the pay for the average comparable amount of time it takes nursing assistants in private hospitals to go from minimum to the maximum amount of pay, the VA has a decided advantage with only 6 of the 36 hospitals reporting salaries comparable to the VA. All the rest are 25 or more dollars less per week in gross salaries. Averages for the 6 are as follows:

Hospital	Start GS-3/1	GS-4/6 Private Max	VA Max. GS-4/10
VA	$188	$246	$274
6 Highest Private Hospitals	$184	$238	$238

CONCLUSION - Of the 6 private hospitals, only one had a starting rate higher than the VA, 3 have a maximum higher than the VA GS-4/6. Only one came within $20 per week of the GS-4/10. One interesting note is that there is a geographical dispersion of the hospitals. A survey of even the metropolitan VA medical centers indicates that recruitment and retention of nursing assistants is not a problem. The utilization of this career field is diminishing as a category at medical centers due to lack of skills of applicants and the high cost of training.

RECOMMENDATIONS - This task force has no recommendations since recruitment and retention of nursing assistants does not appear to be a problem.

LPNs - GS-4, Step 1 and GS-5, Step 6 are used as the comparison of the minimum/maximum rates of private hospitals. The GS-5, Step 6 rate of pay equates to the level of pay that a VA LPN is at in the equivalent time it takes to go to the maximum pay on the average in private hospitals. The chart below gives weekly wage comparisons using averages and grouping as indicated.

Hospital	Start GS-4/1	GS-5/6	Maximum
VA	$210.80	$275.20	$306.80
7 Highest Private	$224	$285.70	$285.70
Next 12 Highest Private	$197.50	$261.60	$261.60
10 Lowest Private	$167.45	$277.88	$277.88

CONCLUSION - The statistics reveal a different picture here than in the case of nursing assistants. The 7 highest private hospitals all had starting rates equal to the dollar of higher than the VA. The 7 highest also had maximums higher than the VA GS-5, Step 6. The Mass. General Hospital has a maximum of $343 weekly and was not utilized in the averages. The 7 highest are all concentrated in the Boston area. Hence, the VA centers in the general Boston area have stiff competition in the recruiting and retention of LPNs as far as gross wages are concerned.

The 10 lowest medical centers are located primarily in rural areas and should not offer stiff competition to VA centers as far as gross wages are concerned.

The 12 next highest group are dispersed throughout the surveyed area and for the most part should not be in competition with VA medical centers as far as gross wages are concerned.

NURSES - Since the trend in nursing is towards the bachlor degree level, comparisons have been made on the basis. Reporting hospitals did not indicate a difference in pay or level for a diploma, associate or bachelors degree nurse. Specific questions asked in this regard indicate that all nurses are paid on the basis that a nurse is a nurse is a nurse with pay being based on experience and level of responsibility without regard to education. Wage comparisons are as follows:

	Start	7 Years	Maximum
VA Junior Grade (A.D. & Diploma)	$262.50	$381.00	$465.00 (Full Grade)
VA Assoc. Grade (B.S.)	$307.00	$446.00	$562.00 (Intermediate)
7 Highest Hospitals	$288.00	$437.00	$437.00
Next 7 Highest	$260.00	$371.00	$371.00

The preceeding figures speak for themselves. Bachelor degree graduates in the VA have a definite gross pay advantage in all areas of District 1. However, diploma or Associate Degree graduates in the VA do not enjoy that same advantage, especially during the first seven years of employment.

Another factor relating to pay is the supervisory or in-charge salary premium paid in the private hospitals. 87 percent of the reporting hospitals pay a premium for supervisory and in-charge responsibilities. The amount varies from hospital to hospital. In some cases, it is a flat rate, in others a percentage of base pay, and in others a variable scale. The VA, however, has no pay differential for supervisory or in-charge personnel. We recognize that individual nurses may eventually be promoted to a higher grade based on supervisory responsibilities and performance, but this is not likely to happen for the in-charge nurse or the nurse without a Bachelors degree.

In the area of fringe benefits, there are major differences between the private hospitals and the VA. Cost information, though requested, was not reported. Hence, a vital piece of information for comparison purposes is missing. The following is a review, including conclusions, for each fringe benefit compared.

MAJOR MEDICAL AND HEALTH INSURANCE - 72 percent of the reporting hospitals provides Major Medical and Health Benefits at no cost to the employee. The remaining 28 percent have cost sharing plans ranging from a high of 100 percent of the premium paid for employees and 92 percent for family coverage to a low of 50 percent premium paid for family and employee coverage. Infomation available, though sketchy, indicates that for the most part scope of coverage between the Government plans and the private plans is comparable. The VA is at a decided disadvantage with reference to this benefit and is a major barrier to recruiting efforts.

OPTICAL - No reporting hospitals provided this as a fringe benefit; hence, no effect on the VA recruiting and retention problem.

DENTAL - Only nine of the reporting hospitals indicated they provided this as a benefit with seven paying 100 percent of the premium. Though some health benefit plans available to VA employees provide some form of dental coverage the high cost to the employee dilutes the potential advantage.

LIFE INSURANCE - Only one reporting hospital did not provide free life insurance to its employees. The amount of coverage varied from a low of $5,000 to a high of three times salary. The 2/3-1/3 premium formula in the VA causes the VA to be at a disadvantage.

RETIREMENT PLAN - Only six of the reporting hospitals did not provide a retirement plan for its employees; all the others provided it at no cost to the employee. It was not possible to make a comparison to the Government retirement program since insufficient information was available to determine the specific dollar value available to the employee on retirement. In one, instance, a computation indicated that a employee with 30 years of service with high three-year average of $22,000 at age 65 would receive $4,500 per annum plus Social Security.

A VA employee would receive 12,375 per annum before any deductions. This benefit appears to be an advantage for the VA. However, in considering all of the aspects of a retirement system, the retirement advantage is weak. For example, if the private hospital employees were to invest the dollar difference in what they pay for Social Security and what the Federal employee contributes to the retirement plan, the dollar benefits available at the time of retirement when added to Social Security benefits and the hospital's retirement benefits in total could exceed the Government retirement benefits.

TUITION REIMBURSEMENT - 78 percent of the private hospitals provide tuition reimbursement ranging from 100 percent with no limit to a low of 50 percent. Though Government regulations provide for tuition reimbursement for job related studies, the training dollars available to the medical centers is such that very little, if any, is available for tuition reimbursement. Hence, the VA is at a decided disadvantage with reference to tuition reimbursement.

UNIFORM ALLOWANCE - Only four of the reporting hospitals provide uniforms and none indicated that they provide an allowance. In this area, since the VA does provide a uniform allowance, this is an advantage to the VA.

DISABILITY INSURANCE - Two-thirds of the reporting hospitals provide non-work related disability insurance to their employees at no cost. The amount of coverage and duration of disability coverage varies. However, since the VA has no coverage, it is at a decided disadvantage. Although the private hospitals provide comparable sick leave for their employees, it appears from information available that it cannot be accrued as it can in the VA. Hence, the accrual benefit could be considered an offset though this committee would not agree with that contention. Many private hospitals buy back unused sick leave on an annual basis at a percent of base pay, unually from 50 to 100 percent. The lack of disability insurance is a disadvantage to the VA.

MEALS - Only two hospitals indicated that they subsidized meals for employees. Hence, this benefit is not considered to have an effect on employment or retention.

MEDICAL CARE - This benefit is of vital concern to prospective employees, since it affects dollar expenditures for medical treatment not covered by health insurance. 55 percent of the reporting hospitals provide free medical care for the employee and family. 28 percent provide it for employee only, and only 14 percent do not provide any medical care. Included in this benefit is access to the pharmacy were medications are provided at reduced rates. Since no medical care, other than emergency care, is provided to VA employees, the VA is at a decided disadvantage with respect to medical care.

DAY CARE CENTERS - No hospitals reported having a day care center available to employees, however, since the survey was taken, we have learned that the Brockton VAMC has recently opened such a center as have some of the hospitals in downtown Boston. However, at this time, this is not considered to be an employee benefit that affects employment and retention in the VA. However, in the future it could become a very important factor.

WORKING HOURS & LEAVE - In dealing with averages, the hours worked per annum and shift rotations of the private hospitals surveyed would seem to indicate that in all areas except one they are comparable to the VA. The one area where comparability is not equal is vacation time. Here, the VA has decided advantage. It is interesting to note that, of the benefits covered in this survey, there have been only minimal changes in VA benefits for many years. On the other hand, the private hospitals are constantly reviewing these areas of concern and are adjusting them upward in order to meet competition and human needs. In addition, in those hospitals that are unionized, the working conditions are being improved more rapidly because of the negotiations at the bargaining table.

SUMMARY - All in all, private hospitals as a whole offer fringe benefits far more attractive to prospective employees than does the VA. This is true, especially as far as health benefits, life insurance, non-work related disablility insurance and medical care are concerned. Annual leave is the only area where the VA has a clear advantage and only a possible slight advantage as far as the retirement plan goes.

CONCLUSION & RECOMMENDATIONS

This committee makes no recommendations as indicated above with relation to nursing assistants. This is based on the fact that no medical center is reporting difficulties with reference to the recruitment and retention of nursing assistants.

With reference to the Licensed Practical Nurse, it is felt that this career field should be transferred from Title 5 to Title 38 authority and appropriate pay scales established under Title 38. The utilization of a Professional Standards Board for appointment and pay setting would provide for more flexibility which would be of considerable help in the recruiting process.

In the area of diploma and associate degree nurses, the VA is at a decided disadvantage especially during the early years of employment. The facts will substantiate that most nurses are female and that a very high percentage leave the employment market as housewives and mothers and only a percentage of those return to the labor force. When considering gross pay in relationship to net pay and fringe benefits, the VA is not competitive for nurses who are not Bachelor of Science degree graduates. Hence, this disadvantage seriously affects the VA's ability to recruit Diploma and Associate degree nurses. Bachelor degree graduates, on the other hand in the VA, has a decided advantage, in gross pay but are at a disadvantage with reference to fringe benefits, which obviously has a direct affect on net pay. As indicated above, private hospitals apparently do not set pay with reference to educational achievements, pay is based on experience and performance and the level of responsibility. Since the VA appears to be only medical center system which uses educational level as criteria for setting pay,consideration should be given to changing the qualifications standards for nurses, to a system which does not take education into consideration or at minimum does not prohibit non degree nurses from progressing beyond full grade.

In the VA system, there is no advantage to a nurse accepting in-charge or head nurse responsibilities. It is the recommendation of this committee that the VA should revise the feasibility of establishing a pay premium or bonus system for nurses assuming the duties of head or in-charge nurse which would not become a part of permanent base pay.

Though this review was limited to nursing staff only, it is obvious that the wide discrepencies in fringe benefits between the VA and private hospitals has a direct and adverse affect on the VA's ability to employ and retain personnel in other medical care and support positions, especially those that are in a shortage or quasi-shortage category. It should be highlighted that the fringe benefit comparison compared only the regular run-of-the-mill benefits employees are familiar with and use to. Many hospitals are now offering fringe benefits never before considered. An example of these benefits can be found in the advertisements attached. Of particular note are those hospitals that are paying bonuses over and above salary for acceptance of employment and bonuses to employees who recruit nurses which are pay flexabilities not available to the VA.

For information purposes, enclosed is a copy dated July 1981 of the Hospital Association of Rhode Island final report of the nursing shortage in Rhode Island.

John G Munro Jr
John G. Munro, Jr.
Chairman

EXHIBIT N

PREVIOUS LEGISLATION WHICH IMPACTS ON THIS STUDY

THE CIVIL SERVICE REFORM ACT OF 1978

The Civil Service Reform Act of 1978 specified that the agencies should experiment with personnel management and, in general, have greater freedom from central control than was the case in the past. This is implied in the testimony of Senators Cranston and Byrd in the June 1980 hearings on P.L. 96-330 (S.6962) when Senator Cranston specifically stated: "The overall design of these and other provisions in Title I is to assure that the DM&S system remains independent of the general civil service system."

Also, in S.6965 (June 13, 1980): "It is the Committee's view that as to such (health care personnel), the VA must have greater control than it does under the current law so as to assure that the agency can be as responsive as possible in situations where personnel issues adversely affect the quality of care provided to veteran patients."

EXHIBIT O

COST ESTIMATE FOR CONVERSION TO TITLE 38

ESTIMATION OF THE COST OF CONVERSION TO TITLE 38

Three services with fiscal management responsibilities and expertise within the Veterans Administration Central Office were consulted on the estimated cost of converting the occupational categories finally chosen by the Task Force methodology. These included Resource Management Service (DM&S Office of Budget), Pay Administration Division (VACO Office of Personnel) and Management Support Service (DM&S Personnel Management Office). Each Director of these services was asked to estimate the following:

- o The cost for conversion of each of the job categories which will be recommended to Congress for inclusion in Title 38.
- o The cost of conversion for other occupational categories previously incorporated into Title 38 (e.g., Physician's Assistants, Expanded Function Dental Assistants, Podiatrists, Optometrists).
- o Projected costs for absorption of leave benefits granted to employees.
- o Projected costs for salary increase granted by Professional Standards Board certification, over and above the first step in each grade.
- o Projected additional costs for compensation time, in lieu of overtime. (Note: This category usually applies to GS 10-10 and higher, but may also apply to lesser grades).
- o The additional cost, if any, which conversion will produce for those jobs which already receive special pay in selected areas of the U.S. Merit Pay jobs, where applicable.

Personnel Service was also asked to estimate the average number of work hours which will be required to process the paperwork for conversion of selected occupations.

Management Support and Resource Management were asked to assess any hidden costs which the task force would not have expert knowledge.

COST ANALYSIS FOR CONVERSION

LPN/LVN FROM TITLE 5 TO TITLE 38*

1. Cost of Developing new Qualification Standard:

   - Cost estimate furnished by Office of Personnel & Labor Relations - $16,000.

2. Leave Costs:

   - Leave Increases - All LPN's will be placed in the equivalent of leave Group III, earning the equivalent of 26 days of leave. This results in the following increases in leave earned:

3,400 employees X 13 days = 44,200 days

44,200 days divided by 260 days = 170 FTEE

170 FTEE X GS-5/1 Salary of $12,854 = $2,185,180

This is predicated on employees in GS-3, Steps 1-4; GS-4, Steps 1-3, and GS-5, Steps 1-3, in being in Leave Group 1 at 13 days per year.

2,925 Employees X 6 Days = 17,550

17,550 Days divided by 260 = 67.5 FTEE

67.5 FTEE X GS-5, Step 8 Salary - $15,850 = $1,069,875

This is predicated on employees at GS-3, Step 4-10; GS-4, Steps 4-8; GS-5, Steps 4-8; and GS-6, Steps 1-4, being in Leave Group II at 20 days.

3. Cost of Appointment Above Minimum:

The Department hires approximately 540 LPN's at GS-5 level each year. It is assumed that their initial appointment pattern would be:

- 180 LPN's - Step 1 - $ 0 Increased Cost
- 80 LPN's - Step 2 - 34,240
- 80 LPN's - Step 3 - 68,480
- 80 LPN's - Step 4 - 102,720
- 70 LPN's - Step 5 - 119,840
- 40 LPN's - Step 6 - 85,600
- 10 LPN's - Step 7 - 25,680
- TOTAL $436,560

It is not anticipated that employees at GS-3 and GS-4 would be appointed above the minimum, but rather at a higher grade.

4. **Grade Escalation:**

It is also estimated that approximately 15% of GS-5 LPN's (750) will be promoted to GS-6 through increased professional responsibilities at an average cost of $1,000.00 = $750,000.

5. **Labor Relations Costs:**

- Lost-Time Grievance - The grievance expenditures under Title 38 should be approximately the same as under Title 5. No incremental cost.
- VAMC Appeals Process - This cost is identified above in connection with Disciplinary Board Actions.

6. **VAMC Cost for Requalifications:**

Assuming that 4,000 LPN's receive an average of two step increase at $383 per step. Assume 1/2 hour review of 8,000 LPN's at 60.10 per hour of board operations = $3,184,200

7. **Cost of Increased Shift Differential:**

- Total LPN Hours Worked - 8,000 LPN's X 2,080 hours = 16,640,000
- Total Shift Hours Worked - 16,640,000 Hours X .6 Coverage = 9,984,000
- Total Additional Hours to be Paid - 9,984,000 X .25 = 2,496,000

This is predicated on fact that on typical 3:30 p.m. to 12 midnight shift, and midnight to 8:00 a.m. shift, only six hours receive differential under Title 5, and all 8 will receive it under Title 38.

- Total Cost - 2,496,000 Hours Worked X 10% of GS-5/4 Salary of $14,138 ($.68) = $1,697,280.

8. **Cost of Above Minimum Pay Schedules:**

- 800 LPN's at GS-3 Increased by One Step of $341 = $ 272,800
- 800 LPN's at GS-4 Increased by One Step of $383 = $ 306,400
- 1000 LPN's at GS-5 Increased by Two Steps of $428 = $ 856,000
- TOTAL $1,435,200

9. Total Cost of Conversion:

- Cost of Qualification Standard = $ 16,000
- Cost of Leave Group I = $ 2,185,180
- Cost of Leave Group II = $ 1,069,875
- Cost of Appointments Above Minimum = $ 436,560
- Cost of Grade Escalation = $ 750,000
- Cost of Increased Shift Differential = $ 1,697,280
- Cost of Above Minimum Pay Schedules = $ 1,435,200
- Cost of Requalification = $ 3,184,200

TOTAL $10,754,295

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*Cost estimate developed with the joint cooperation of the Office of Personnel & Labor Relations, the Management Support Office and Resource Management Office of the Department of Medicine and Surgery

COST ANALYSIS FOR CONVERSION
OF PHYSICIAL THERAPISTS FROM TITLE 5 TO TITLE 38*

1. Cost of Developing a New Qualification Standard:

   - Cost Estimate Furnished by Office of Personnel & Labor Relations - $16,000.

2. Leave Costs:

   - Leave Increases - All Physicial Therapists will be placed in the Leave Group III, earning the equivalent of 26 days of leave. This results in the following increases in leave earned.

   206 Physicial Therapists X 13 days = 2,678 Days

   2,678 days divided by 260 days = 10 FTEE

   10 FTEE X GS-9/1 Salary of $19,477 = $194,770

   This is predicated on employees on GS-6, 7, 8, and 1/3 of GS-9 employees going from Leave Group I to Leave Group II.

   274 Physicial Therapists X 6 days = 1,644 Days

   1,644 days divided by 260 days = 6.3 FTEE

   6.3 FTEE X GS-9/6 Salary of $22,722 = $143,603

3. Cost of Above Minimum Appointment:

   Assuming the Department will hire 150 Physicial Therapists each year, their distribution is projected as follows: (Step Increase at GS-9 is $649)

   - 25 Physicial Therapists at GS-9, Step 1 = $ 0
   - 25 Physicial Therapists at GS-9, Step 2 = $ 16,225
   - 40 Physicial Therapists at GS-9, Step 3 = $ 51,920
   - 30 Physicial Therapists at GS-9, Step 4 = $ 58,410
   - 15 Physicial Therapists at GS-9, Step 5 = $ 38,940
   - 15 Physicial Therapists at GS-9, Step 6 = $ 48,675
   - TOTAL $214,170

4. Grade Escalation:

It is also estimated that approximately 20% of 450 GS-9 Physicial Therapists will be promoted to GS-10 through increased professional responsibilities at an average cost of $1,455.

5. Labor Relations Cost:

- Lost-Time Grievance - The grievance expenditures under Title 38 should be approximately the same as under Title 5. No incremental cost.
- VAMC Appeals Process - This cost is identified above in connection with Disciplinary Board Actions.

6. VAMC Cost for Requalifications:

Assuming the 225 Therapists receive an average of a two step adjustment at $649 per step. Assume 1/2 hour Board review for 657 employees at $82.65 per Board hour = $319,200

7. Cost of Increased Differential:

- None

8. Cost of Above Minimum Pay Schedules:

- 15 Phys. Therapists at GS-7 increased by two steps of $531 = $15,930
- 45 Phys. Therapists at GS-9 increased by two steps of $649 = $58,410
- TOTAL $74,340

9. Total Cost of Conversion:

- Cost of Qualification Standard = $ 16,000
- Cost of Leave Group I = $ 194,770
- Cost of Leave Group II = $ 143,603
- Cost of Appointments Above Minimum = $ 214,170
- Cost of Grade Escalation = $ 130,950
- Cost of Above Minimum Pay Schedules = $ 74,340
- Cost of Requalification = $ 319,200

TOTAL $1,088,889

* Cost estimate developed with the joint cooperation of the Office of Personnel & Labor Relations, the Management Support Office and Resource Management Office of the Department of Medicine and Surgery.

COST ANALYSIS FOR CONVERTING
RESPIRATORY THERAPISTS FROM TITLE 5 TO TITLE 38*

1. Cost of Developing a New Qualification Standard:

   - Cost Estimate Furnished by Office of Personnel & Labor Relations - $16,000.

2. Leave Costs:

   - Leave Increases - All Respiratory Therapists will be placed in Leave Group III, earning the equivalent of 26 days of leave. This results in the following increases in leave earned.

     100 Employees X 13 Days = 1,300 Days
     1,300 divided by 260 Days = 5 FTEE
     5 FTEE X GS-7/4, $17,515 = $87,575

     50 Employees X 6 Days = 300 Days
     300 divided by 260 Days = 1.15 FTEE
     1.15 FTEE X GS-7/4, $17,515 = $20,142

     Total Leave Cost = $107,717

3. Cost of Above Minimum Appointment:

   The Department hires approximately 40 Respiratory Therapists at the GS-7 level. It is assumed that their initial appointments might be as follows: (Step Increase is $531)

   - 8 Therapists at Step 1 = $ 0
   - 4 Therapists at Step 2 = $ 2,124
   - 6 Therapists at Step 3 = $ 6,372
   - 8 Therapists at Step 4 = $12,744
   - 10 Therapists at Step 5 = $21,240
   - 4 Therapists at Step 6 = $10,620
   - TOTAL $53,100

   It is not anticipated that employees at GS-5 and GS-6 would be appointed above the minimum, but at a higher grade.

4. Grade Escalation:

   It is anticipated that 20% of all GS-7 Respiratory Therapists (130 Therapists) are promoted to GS-8, at an average cost of $1,295 = $33,670.

5. Labor Relations Costs:

   - Lost-Time Grievance - The grievance expenditures under Title 38 should be approximately the same as Title 5. No increase in cost. •

   - VAMC Appeals Process - This cost is identified above in connection with the Disciplinary Board Actions.

6. VAMC Cost for Requalifications:

   -Assuming 30 Therapists will be increased by an average of two steps at $531 per step, and 150 Therapists will be reviewed by Board at $76.16 per hour = $43,284.

7. Cost of Increased Shift Differential:

   - Total Respiratory Therapists Hours Worked - 150 Therapists X 2080 Hours = 312,000

   - Total Shift Hours Worked - 312,000 Hours X .5 = 156,000

   - Total Additional Hours to be Paid - 156,000 Hours X .25 = 39,000

   This is predicated on fact that on typical 3:30 p.m to midnight and midnight to 8:00 a.m. shifts, only 6 hours receive differential under Title 5 but all 8 hours will receive differential under Title 38.

   - Total Cost - 39,000 Hours Worked X 10% of GS-7/1 - $15,922 ($.76) = $29,640

8. Cost of Above Minimum Pay Schedules:

   - 25 Respiratory Therapists at GS-7 increased by $26,550 two steps of $531.

9. Total Cost of Conversion:

   - Cost of Qualification Standard = $ 16,000
   - Cost of Leave Group I = $ 87,575
   - Cost of Leave Group II = $ 20,142
   - Cost of Appointments Above Minimum = $ 53,100
   - Cost of Grade Escalation = $ 33,670
   - Cost of Increased Shift Differential = $ 29,640
   - Cost of Above Minimum Pay Schedules = $ 26,550
   - Cost of Requalifications = $ 43,284

   TOTAL $309,961

* Cost estimate developed with the joint coordination of the Office of Personnel & Labor Relations, the Management Support Office and Resource Management Office, of the Department of Medicine and Surgery.

EXHIBIT P

COSTS OF CURRENT SPECIAL RATES
AUTHORIZED BY OPM
AND USE OF
SECTION 112 AUTHORITY
FROM P.L. 96-330
FOR SELECTED HEALTH CARE OCCUPATIONS
IN DM&S

TABLE OF CONTENTS

CURRENT COST ESTIMATE OF OPM AUTHORIZED 5303 RATES IN VA

ESTIMATED ADDITIONAL COSTS OF SECTION 112 SPECIAL RATES

MISCELLANOUS IMPROVEMENTS IN PERSONNEL ADMINISTRATION-
ADMINISTRATIVE ADJUSTMENTS IN RATES OF BASIC PAY
SECTION 112, P.L. 96-330

COSTS OF CURRENT SPECIAL RATES AUTHORIZED BY OPM AND USE OF SECTION 112 AUTHORITY FROM P.L. 96-330

Three areas of management within the Veterans Administration Central Office were consulted for estimation of the costs expected to implement the additional proposals recommended to Congress. These included Resource Management Service (DM&S Office of Budget), Pay Administration Division (VACO Office of Personnel) and Management Support Service (DM&S Personnel Management Office). Each Service Director was asked to estimate the following:

- Current Cost Estimate of OPM Authorized 5303 Rates in VA

Although these special incentive pay rates are now administered under OPM, the cost of these would necessarily become a fiscal responsibility for the medical centers to assume, in addition to the increase in basic salary recommended for some of the occupations. The estimate below was based on a analysis of 18 medical occupations commonly found in VA Medical Centers which include the occupational categories now receiving OPM Special Pay*, viz, LPN, medical technologist, medical radiology technologist, pharmacist, physical therapist, health technician ultrasound and heart-lung machine technician. This estimate appears in the next section of this exhibit.

- Estimated Additional Costs of Section 112 Special Rates

The three services concurred that implementation of the additional proposals to improve conditions of employment would involve the following additional considerations:

- Assumptions for Use of Section 112 Authority

- The volume of requests for increased basic pay rates is estimated to increase to three times the number now sent to OPM.
- VA will approve more requests than OPM
- VA rates approved will be higher than those of OPM
- VA will place more emphasis on maintaining competitive rates and less emphasis on severity of recruitment and retention problems than OPM.
- Federal pay increases will remain capped at less than comparability for next three to four years.

* See Appendix - Exhibit H

The VA Department of Medicine and Surgery (DM&S) and the VA Office of Personnel and Labor Relations are currently developing policies for implementing an agency special rate program under Section 112 of Public Law 96-330.* This Section provides authority for the Administrator to establish special salary rates for DM&S General Schedule (GS) health-care personnel providing direct patient-care services or services incident to direct patient-care services. This authority may be used to provide competitive pay, to achieve adequate staffing, or to recruit personnel with specialized skills. One of the highest priorities has been placed on implementing this authority in VA to help overcome pay-related staffing problems in certain geographic areas.

The benefits of implementation of Section 112 are seen as the most immediate and helpful to the Medical Center Directors, since it will allow them to compete with higher salary scales for selected occupations in private sector hospitals in the same community. This, of course, is dependent on the availability of funds in the Medical Centers to increase the salaries. There is no money appropriated for the implementation of Section 112 of P.L. 96-330.

This will require no new legislation, since the authority has already been given to the Administrator to grant basic salary increases to general schedule employees. Thi is the law which also gave basic salary increases to nurses in selected geographic areas.

The law is now in the process of implementation, and is subject to a 90 day review period and veto by the President. This authority may be delegated to the OPM by the President.

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* Provides authority to the Administrator to increase the minimum, intermediate, or maximum rates of basic pay for nurses, physicians, dentists, podiatrists, optometrists, physicians assistants, expanded function dental auxilaries or GS employees who would otherwise not be available and are determined to be providing either direct or incident to direct patient care services to provide pay competitive with the local non-federal labor market, to achieve adequate staffing or to obtain specialized skills particularly those that are difficult or demanding. Any such increases can be made on a nationwide, local or other geographic basis. The amount of such increase could not exceed (1) the total range of pay for such grade except for nurse anesthetists or (2) an ACMD's salary. Any such increase for non-title 38 employees would be subject to Presidential disapproval with the reasons for such disapproval to be reported to the Congress.

COST ESTIMATE - IMPLEMENTATION OF SPECIAL SALARY RATE PROGRAM
FOR DM&S GENERAL SCHEDULE HEALTH-CARE OCCUPATIONS
UNDER SEC. 112, PUBLIC LAW 96-330

1. Current Impact of 5 U.S.C. 5303 Special Rates Authorized by OPM:

Information Source: RCS 053-6 12/31/81

Number of Employees	3,314 full-time	159 part-time FTEE
Average Grade	5.58	5.89
Average Special Salary	$16,877 p.a.	$18,056 p.a.
Average Base Salary*	$15,080 p.a.	$15,583 p.a.
Extra Cost of Special Rates	$ 1,797 p.a.	$ 2,473 p.a.
Total Extra Cost	$5,955,258 p.a.	$393,207 p.a.

Current Cost Estimate of OPM Authorized 5303 Rates in VA** - $6,348,465

2. Estimated Annual Costs of P.L. 96-330, Sec. 112 Special Rates

Assumptions for Use of Section 112 Authority:

- Volume of requests will be two to three times the number now sent to OPM.
- VA will approve more requests than OPM
- VA rates approved will be higher than OPM's
- VA will place more emphasis on maintaining competitive rates and less emphasis on severity of recruitment and retention problems than OPM.
- Federal pay increases will remain capped at less than comparability for next three to four years.

New Authorization & Adjustments (Does not include current Authorizations Under 5 U.S.C. 5303) Based on Average Increase of 3 Steps Per Grade

- GS-644 Medical Technologist

GS-5 (30)	38,520
GS-6 (10)	14,340
GS-7 (800)	1,274,400

TOTAL $1,327,260

- GS-674 Diagnostic Radiologic Technologists

GS-5 (100)	128,400
GS-6 (300)	430,200
GS-7 (100)	159,300

TOTAL $717,900

* GS-5, Step 4 = Average Grade of GS-5.0 (Representative Rate)
** Includes Medical & Non-Medical GS Occupations

- GS-649 Inhalation Therapy Technician

GS-5 (50)	64,200
GS-6 (300)	430,200
GS-7 (50)	79,650
TOTAL	$574,050

- GS-660 Pharmacist

GS-9 (100)	194,700
GS-11 (500)	1,179,000
TOTAL	$1,373,700

- All Other Health Care Related Occupations

GS-3 (100)	102,300
GS-4 (200)	229,800
GS-5 (400)	513,600
GS-6 (400)	573,600
GS-7 (400)	637,200
GS-9 (100)	194,700
GS-11 (100)	235,800
TOTAL	$2,487,000

- TOTAL ESTIMATED COSTS

Medical Technologists	1,327,260
Diagnostic Radiologic Technologists	717,900
Inhalation Therapy technicians	574,050
Pharmacists	1,373,700
All Other Health Care Occupations	2,487,000
TOTAL	$6,479,910

The above cost estimates include data only for General Schedule Health Care Occupations in Title 5. It does not include data for Registered Nurses, whose salary may be adjusted under Title 38 using the authority under Section 112 of Public Law 96-330. It also excludes cost projections for Licensed Practical/Licensed Vocational Nurses, and for Physical Therapists and Respiratory Therapists, as these figures have been included in the cost of converting these occupations to Title 38.

3. Estimated Additional Costs of 5303 and Section 112 Special Rates = $12,828,600

TOTAL COST ESTIMATE FOR BOTH PROPOSALS

It is anticipated that the total annual cost of the increase in basic pay for some health care occupations in Title 5 which do not, receive special salary rates will be:

- Estimated Cost for Use of Section 112 Authority For Non-Nursing Occupations

TOTAL $6,479,910

- For those occupations which already receive special rates authorized by OPM as a recruitment incentive, the annual cost to continue the special rates will be:

- Current Impact of 5 U.S.C 5303 Special Rates Authorized by OPM

TOTAL $6,348,465

PART B—MISCELLANEOUS IMPROVEMENTS IN PERSONNEL ADMINISTRATION

ADMINISTRATIVE ADJUSTMENTS IN RATES OF BASIC PAY

SEC. 112. Section 4107 is amended by adding at the end the following new subsection:

"(g)(1) Notwithstanding any other provision of law but subject to paragraphs (2), (3), and (4) of this subsection, when the Administrator determines it to be necessary in order to obtain or retain the services—

"(A) of physicians, dentists, podiatrists, optometrists, nurses, physician assistants, or expanded-function dental auxiliaries appointed under this subchapter; or

"(B) of health-care personnel who—

"(i) are employed in the Department of Medicine and Surgery (other than administrative, clerical, and physical plant maintenance and protective services employees);

"(ii) are paid under the General Schedule pursuant to section 5332 of title 5;

"(iii) are determined by the Administrator to be providing either direct patient-care services or services incident to direct patient-care services; and

"(iv) would not otherwise be available to provide medical care and treatment for veterans,

Basic pay rate increase.

the Administrator may increase the minimum, intermediate, or maximum rates of basic pay authorized under applicable statutes and regulations. Any increase in such rates of basic pay may be made on a nationwide, local, or other geographic basis, for one or more of the grades listed in the schedules in subsection (b)(1) of this section, for one or more of the health personnel fields within such grades, or for one or more of the grades of the General Schedule under section 5332 of such title.

5 USC 5332.

"(2) Increases in rates of basic pay may be made under paragraph (1) of this subsection only in order—

"(A) to provide pay in an amount competitive with, but not exceeding, the amount of the same type of pay paid to the same category of health-care personnel at non-Federal health-care facilities in the same labor market;

"(B) to achieve adequate staffing at particular facilities; or

"(C) to recruit personnel with specialized skills, especially those with skills which are especially difficult or demanding.

"(3) The amount of any increase under paragraph (1) of this subsection in the maximum rate for any grade may not (except in the case of nurse anesthetists) exceed the amount by which the maximum for such grade (under applicable provisions of law other than this subsection) exceeds the minimum for such grade (under applicable provisions of law other than this subsection), and the maximum rate as so increased may not exceed the rate paid for individuals serving as Assistant Chief Medical Director.

Increase denial.

"(4) In the exercise of the authority provided in paragraph (1) of this subsection to increase the rates of basic pay for any category of personnel not appointed under this subchapter, the Administrator shall, not less than ninety days prior to the effective date of a proposed increase, notify the President of the Administrator's intention to provide such an increase. If, prior to such effective date, the President disapproves such increase and provides the appropriate committees of the Congress with a written statement of the President's reasons for such disapproval, such proposed increase shall not take effect.".

EXHIBIT Q

COST ESTIMATES FOR ESTABLISHMENT OF A
VA SPECIAL EXAMINING UNIT

TABLE OF CONTENTS .

VETERANS ADMINISTRATION SPECIAL EXAMINING UNIT -
RATIONALE, COST, WORKLOAD

ESTIMATE FOR IMPLEMENTATION OF TRANSFER OF REGISTERS
FROM OPM TO VA
FOR SELECTED HEALTH CARE OCCUPATIONS

VETERANS ADMINISTRATION SPECIAL EXAMINING UNIT
RATIONALE, COST, WORKLOAD

The Task Force determined that the delay in receiving Office of Personnel Management certificates of eligibles for employment consideration for at least 16 occupations is so significant that the better applicants become discouraged and accept positions in non-government hospitals.

The problem arises in large part from the manner in which the Office of Personnel Management has organized examining for several major Veterans Administration positions. At present, there are 36 different examining offices for such critical positions as psychologist, pharmacist, occupational therapist, audiologist, speech pathologist, dietitian, and social worker. This means that a potential applicant, for example a psychologist intern completing training in the Veterans Administration, would have to apply to 36 different examining offices, and thus be rated 36 separate times, in order to be considered for employment system-wide. The problem is further compounded by the fact that only five of the examining offices maintain a standing register of psychologists, which may or may not be open for receipt of applications at any given time. The remaining 31 offices examine for psychologists on a case basis, which means the offices will accept applications only after a Medical Center asks the office for register of eligibles.

Under this system, it is virtually impossible for potential applicants for the above positions to know where and when to apply. The results are fewer applicants for our positions, few high quality eligibles for employment consideration, serious delays in filling vacancies, and inconsistent and inaccurate ratings of applicants because of the diversity of offices doing the examining. The following indicates the examining situation for six positions now under the OPM decentralized register process:

	Offices Using Case Examining	Offices Using Standing Registers
Audiologist/Speech Pathologist	32	4
Psychologist	31	5
Occupational Therapist	26	10
Pharmacist	24	12
Dietitians	23	13
Social Worker	23	13

To significantly improve and streamline the examining process the Veterans Administration plans to begin negotiating with the Office of Personnel Management, in late fiscal year 1982, to establish a single examining unit within the Veterans Administration for all of the above positions. This will reduce from 36 to 1 the number of examining offices to which an applicant, interested in employment thoughout our system, would have to apply. Similarly, our Medical Centers and Clinics would turn to this one office for recruitment purposes instead of the current thirty-six. As conceived, the unit would accept applications on a continuous basis for positions throughout our system. This action would in large part assure a readily available supply of eligibles for vacancies on a timely basis.

The quality of eligibles the unit certifies to our employing offices should improve significantly as the same analysts will be evaluating all the applicants for the same position category and, Veterans Administration professionals (psychologists, audiologists, etc.), will assist and participate in evaluating the professional credentials and experience of the applicants.

The task Force considered the resources needed to operate a special examining unit for a critical group of health care positions essential to the operation of Veterans Administration Medical Centers. Those resources will need to be sufficient to properly administer the following workload. (This data was obtained from the Office of Personnel Management. Data for Occupational Therapist was not available.)

The workload expected during the first year of operation is anticipated from FY 1979 workload data obtained from OPM:

FY 1979 Workload Data

Profession	Applicants Processed	Applications Register (end of year)	Certificates Issued to VA
Psychologists	2,400	1,300	271
Dietitian	1,800	1,800	393
Social Worker	8,500	4,500	388
Audiologist/Speech Pathologist	600	900	142
Pharmacist	2,300	2,400	583
	15,600	10,900	1,777

As the unit progresses and successfully meets its goals, additional critical health related occupations such as medical technologists may be added.

ESTIMATE FOR IMPLEMENTATION OF TRANSFER OF REGISTERS FROM OPM TO VA FOR SELECTED HEALTH CARE OCCUPATIONS

To improve the delay produced by the OPM process for nearly all Medical Centers, the recommendation to streamline the appointment and certification process within the Veterans Administration is estimated as follows:

FY 1983 Cost Estimates -

VA Special Examining Unit

	1st	2nd	3rd	4th
Space 4,200 ft. @ $11.85	$ 12,443	12,443	12,443	12,433
Telephone @ $1,500 month	900	900	4,500	4,500
Permanent Duty Travel	42,000	28,000		42,000
Temporary Duty Travel	1,000	1,000	1,000	1,000
Equipment	4,000	35,000		6,000
Postage Supplies (50,000 P/A @ .40)			10,000	10,000
Printing		25,000		25,000
Advertising		3,000		
Salaries	41,815	87,932	87,932	140,672
Total P/Quarter	102,158	193,275	115,875	241,615
Cumulative FY 83 Estimate		295,433	411,306	652,923
Projected to FY 84				743,771

1st Quarter - System Design, Forms Approved, etc.
2nd Quarter - Staffing for 1st Examining Work
3rd Quarter - Begin Examining for 1/2 of Occupations
4th Quarter - Staff for beginning Examining for second 1/2 of occupations on 1st day of 1st Quarter FY'84

EXHIBIT R

TOTAL COST OF ALL RECOMMENDED ACTIONS

TOTAL COST ESTIMATE FOR ALL DM&S PROPOSALS

* It is anticipated that the:

Conversion of Employees to Title 38

LPN/LVN	$10,754,295
Physical Therapist	$ 1,088,889
Respiratory Therapist	$ 309,961
TOTAL	$12,153,145

Estimated Cost for Use of Section 112 Authority

TOTAL .... $ 6,479,910

Current Impact of 5 U.S.C. 5303 Special Rates Authorized by OPM

TOTAL .... $ 6,348,465

Cost of Implementation of Transfer of Registers from OPM to VA for Critical Health Care Occupations Within DM&S

TOTAL .... $ 652,923

Total Cost for Conversion of Three Occupations to Title 38, Implementation of Section 112 and Transfer of Registers for Critical Health Care Occupations

TOTAL $25,634,443

EXHIBIT S

SCHEMATIC ILLUSTRATION OF RECOMMENDATIONS FOR VARIOUS OCCUPATIONS

EXHIBIT 8

SUMMARY OF DM&S PROPOSALS AND RECOMMENDATIONS TO IMPROVE PERSONNEL MANAGEMENT PRACTICES FOR CRITICAL HEALTH CARE OCCUPATIONS

Problem Area	Problem Area	Problem Area	Problem Area	Problem Area	Problem Area
Severe Pay	Pay (basic)	Appointment	Some Pay, less severe	Evaluation of effectiveness of all proposals	No nationally significant problems in areas of pay or appointment
Severe Appointment			Some Appointment, less severe		
Recommendation I	**Recommendation II**	**Recommendation III**	**Recommendation IV**	**Recommendation V**	**Recommendation VI**
Convert to Title 38	Implement Section 112 to increase basic pay	VA assume responsibility for competitive recruitment with a Special Examining Unit within DM&S	1) Implement Section 112 to increase basic pay 2) VA eventually assume responsibility for competitive recruitment 3) Implement premium pay on same basis as nurses	1. Measure and evaluate each proposal's effectiveness after implementation to increase recruitment and/or retention	No change
LPN/LVN	Heart-Lung Machine Technician	Clinical Pharmacist	Echocardiograph Technician	2. Report to Congress on effectiveness	Health Physicist
Physical Therapist	Health Technician Ophthalmology	Clinical Dietician	Health Technician (Ultrasound)	3. Convert additional occupations to Title 38, use Section 112 and or Special Examining Unit Authority if indicated	Inhalation Therapist (non-certified, non-registered)
Respiratory Therapist (certified & registered)	Cardiac Catherization	Social Worker	Therapeutic/Diagnostic Radiology Technologist		Orthopedic Technician
	Orthotist/Prosthetic	Psychologist	Nuclear Medicine Technician		Nursing Assistant
	Hemodialysis Technician (*)	Occupational Therapist	Clinical Microbiologist		Chaplain
	Dental Hygentist(*)	Audiology/Speech Pathologist	Medical/Cytology Technologist		Blind Rehabilitation Technician
			Clinical Chemist		Rehabilitation Technician
					Biological Laboratory Technician
					Medical Laboratory Technician/Aide
					Prosthetic Representative
					Restoration Technician
					Non-Clinical Pharmacist
					Non-Clinical Dietician
					Dietetic Assistant

(*) also recommended for premium pay on same basis as Title 38 nurses

EXHIBIT T

TASK FORCE DECISION MAKING METHODOLOGY

TABLE OF CONTENTS

PLAN FOR SELECTION OF OCCUPATIONS

OBJECTIVE CRITERIA FOR SELECTION OF OCCUPATIONS BY TASK FORCE

TABLES AND FIGURES

TABLE 1 - QUESTIONS TO BE ANSWERED FOR EACH OCCUPATION-SUBJECTIVE CRITERIA
FIGURE 1 - TOTAL DECISION PROCESS USED BY TASK FORCE
TABLE 2 - JOB CLUSTERS BY DM&S PROGRAM AREAS

PLAN FOR SELECTION OF OCCUPATIONS

After the results of the employee survey were tabulated by computer and analyzed, the Task Force developed a list of criteria for selection of occupations for possible conversion to Title 38.

The Task Force evaluated eighteen objective and subjective factors for each of the 37 occupations to determine the primary reason for difficulty in recruitment and/or retention. The most common reasons found as causes of recruitment and retention problems were:

- Pay
  - Because basic pay is not competitive with the private sector hospitals in the same community.
  - Because special pay rates have already been approved in specific geographical locations, but are still insufficient to improve recruitment and retention.
- The Competitive Service Employment System is Too Restrictive
  - Because of the application and appointment systems.
  - Because the classification/qualification mechanisms are unsatisfactory.
  - Because the processes of promotion, discipline, awards, etc., are inadequate.
- The Job Pool for some Occupational Titles is Limited in some Geographic Regions of the United States

Objective Criteria for Selection of Occupations by Task Force

The objective criteria below were based on the management and employee survey data VACO statistical data, OPM data and personal interviews with management:

Indicator	Degree of Difficulty	Score
1. Recruitment (Job is perceived as a severe recruitment problem) &	85-100%	5 points
	70-84%	4 points
	55-69%	3 points
	40-54%	2 points
	25-39%	1 point
2. Retention (Job is perceived as a severe retention problem)	Same as above	
3. Special Pay (Job already receives special pay because of demonstrated recruitment and retention problems)	20-25%	5 points
	15-19%	4 points
	10-14%	3 points
	5-9 %	2 points
	1-4 %	1 point
4. Vacancy Rate (Job demonstrates a severe vacancy rate, as demonstrated by VACO RCS 10-252)	(% VAC x 0.5 Rate)	Points
5. Program/Service Recommendation (Program Chiefs and Service Directors recommended job for Title 38)		0-5 points
6. Employee Survey (Employee Survey indicates that a majority of persons in this occupation want to be in Title 38 because it will improve their conditions of employment over Title 5)		*5 points

* The majority of employees in all occupations surveyed preferred to be in Title 38, as indicated by (6), the employee survey.

NOTE: 1 and 2 were derived from the DM&S management survey, conducted in Sept-Oct 1981 in 169 VAMC/OPCs.

3 was derived from OPM official list (Oct. 1, 1981) of occupations receiving special pay.

6 was derived from the DM&S emplopyee survey conducted in March-April 1982 in 169 VAMC/OPCs.

QUESTIONS TO BE ANSWERED FOR EACH OCCUPATION - SUBJECTIVE CRITERIA

The Subjective Criteria below were designed by the Task Force to Answer the difficult issues:

1.	Is pay a significant cause of recruitment and retention difficulties?	Yes	No	Degree (in %)
2.	Is OPM control over hiring a significant cause of recruitment and retention difficulties?	Yes	No	Degree
3.	Is the job pool too sparse in some, or all, parts of the country to allow VA Medical Centers to attract a constant flow of eligible applicants for this occupation? If "Yes", indicate which part of the country:	Yes	No	Degree
4.	Will conversion to Title 38 produce an adverse effect on the morale of other employees who have similar occupations but who are not converted to Title 38? If "Yes", indicate which other occupations are similar:	Yes	No	Degree
5.	Is this occupation found within a large tertiary or secondary care level medical center, which provides specialized or highly technical services?	Yes	No	Degree
6.	Is this occupation found in all VA Medical Centers, regardless of size or function?	Yes	No	Degree
7.	Is the occupation necessary for the successful operation of a specialized medical program for patient care?	Yes	No	Degree
8.	Is the occupation part of a patient care team for programs unique to the Veteran's Administration? (e.g., sp. cord injury, et. al.)	Yes	No	Degree
9.	Will conversion to Title 38 solve the recruitment problem?	Yes	No	Degree
10.	Will conversion to Title 38 solve the retention problem?	Yes	No	Degree
11.	Will conversion to Title 38 cause employees to lose their outside remuneration?	Yes	No	Degree
12.	Could this occupation be shared with other hospitals in the community to provide service without adding a large fiscal burden to the Medical Center?	Yes	No	Degree

FIGURE 1

Total Decision Process Used by Task Force

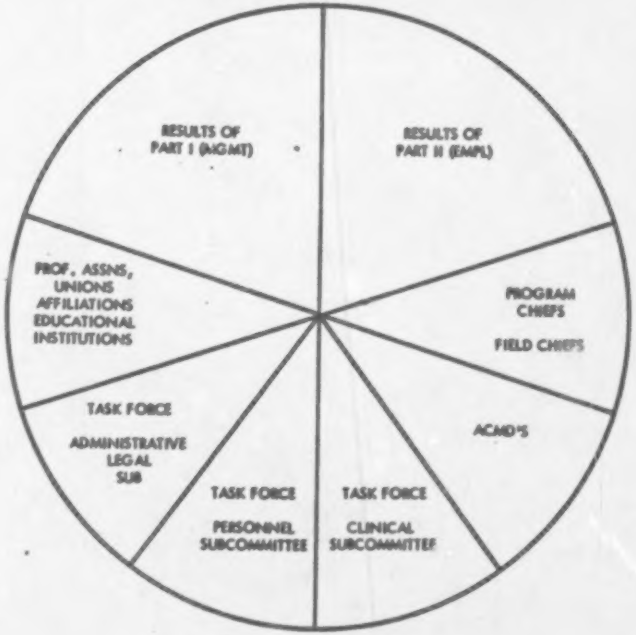

TABLE (2)

JOB CLUSTERS BY DM&S PROGRAM AREAS

RADIOLOGY
- Therapeutic Radiology Technologist
- Medical (Diagnostic) Radiology Technologist
- Health Physicist
- Health Tech Ultrasound

MEDICINE
- Echocardiograph Tech
- Cardiac Cath Tech
- Hemodialysis Tech
- Inhalation Therapy Tech

LABORATORY
- Medical Technologist
- Cytologist/Histology Tech
- Microbiologist
- Chemist
- Med Lab Aide
- Biol Lab Tech

SURGERY
- Heart-Lung Machine Tech
- Orthopedic Tech
- Heath Tech Opthamalogy

PROSTHETICS
- Restoration Tech
- Orthotist-Prosthetist
- Prosthetic Representative

REHABILITATION MEDICINE
- Occupational Therapist
- Physical Therapist

NURSING
- LPN/LVN
- Nursing Assistant

AUDIOLOGY
- Audiologist-Speech Pathologist

BLIND REHAB
- Blind Rehab Tech

CHAPLAIN SERVICE
- Chaplain

DENTAL SERVICE
- Dental Hygenist

DIETETICS
- Dietitian

MHBS
- Rehab Tech (Alc Drug)
- Psychologist

SOCIAL WORK
- Social Worker

NUCLEAR MEDICINE
- Nuclear Medicine Technologist

PHARMACY SERVICE
- Pharmacist

VETERINARY MEDICAL SERVICE
- Veterinarian Medical Officer

EXHIBIT U

ASSESSMENT OF IMPACT OF CONVERSION ON THE INTEGRITY OF TITLE 38

THE IMPACT OF THE POSSIBLE DESTRUCTION OF THE EFFECTIVENESS OF TITLE 38 AS A UNIQUE AND NECESSARY ENTITY WITHIN THE DEPARTMENT OF MEDICINE AND SURGERY

Numerous responses to the Task Force included opinions of Central Office Management Officials, (Exhibit C), Chiefs of Staff, the National Organization for Veterans Administration Chiefs of Staff (AVACOS), written testimony from Medical Center Directors, and individual service chiefs within Medical Centers.

One senior Chief of Staff in a large midwestern active GM&S hospital reflects the views of many Chiefs of Staff and Directors directly consulted by the Task Force:

> "I remain concerned about the potential dilution of Title 38 in its broad sense. We within the VA have won this specific exeption in hard-fought battles. The maintenance of the provisions have required constant vigilance. The provisions of the title may be severely compromised by a very broad interpretation.
>
> I believe that our primary consideration should be the consideration of those job titles within the confines of what is necessary for us to meet our mission at the medical center. These job titles should be those which are not only identified as problems in recruitment and retention, but also would not seriously compromise the viability of Title 38.
>
> I believe that the final recommendations following the survey are going to be extremely important to the Agency and the Department and our ability to provide medical care in the medical centers. Broad conceptualization of the interaction of the health care team should serve us well in reaching these difficult decisions in order to recommend appropriate action."

- Opinions of Central Office Management

The reluctance of this management group to consider a broad and comprehensive conversion of DM&S health care personnel to Title 38 was expressed in their written comments to the Task Force. (See Exhibit C)

EXHIBIT V

SECTION 117, P.L. 96-330

STUDY OF PERSONNEL NEEDS OF VETERANS ADMINISTRATION HEALTH CARE SYSTEM

STUDY OF PERSONNEL NEEDS OF VETERANS' ADMINISTRATION HEALTH-CARE SYSTEM

38 USC 4101 *et seq.*

SEC. 117. (a) In order to evaluate the need for, and the likely impact on the ability of the Veterans' Administration to meet most effectively the personnel needs of the Veterans' Administration health-care program of, the conversion or non-conversion of employees of the Veterans' Administration's Department of Medicine and Surgery who are providing direct patient-care services or services incident to direct patient-care services (as determined by the Administrator of Veterans' Affairs for the purposes of paragraph (1) of section 4107(g) of title 38, United States Code, as added by section 112) to the pay schedules and other administrative provisions of chapter 73 of title 38, United States Code, the Administrator of Veterans' Affairs shall conduct a study to determine (1) which, if any, of the categories of such employees should be so converted in order to improve patient care, alleviate recruitment and retention problems regarding such personnel, and improve employee morale, and (2) the desirability of making any such categories of personnel which are not so converted eligible for premium pay under the new paragraph (10) which would have been added to section 4107(e) of such title by the amendment of the Senate to the bill H.R. 7102, Ninety-sixth Congress, agreed to by the Senate on June 5, 1980, and the impact of making such categories of personnel eligible for such pay under such paragraph.

Report to congressional committees.

(b) Not later than the end of the eighteen-month period beginning on the date of the enactment of this Act, the Administrator of Veterans' Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the results of such study, together with any recommendations for administrative or legislative action, or both, that the Administrator considers appropriate based on the results of such study and other pertinent information.

EXHIBIT W

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REFERENCES

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EXHIBIT X

TASK FORCE MEMBERSHIP AND AREAS OF SPECIALIZATION

EXHIBIT X

TASK FORCE MEMBERSHIP AND AREAS OF SPECIALIZATION

Administrators, Physicians or Dentists

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